

Name  
in  
Full

Elnora F Adams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
1907	Month	Day	Years	Age	Months	Days	
Sex	Female	Color or Race	White		Birth-place		Talbot Co
Occupation	Retired		Where Residing if not at place of death		Near Hung		
Married, Single or Widowed	Widow	Name of Wife or Husband	W. F. Adams		Father's Birthplace		Talbot Co
Father's Name	John Russ				Mother's Birthplace		" "
Mother's Maiden Name	H. Fisher				How related to deceased		Son
Name of person giving information	E. Strong						Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Leukemic Bronchitis	How long	Several Years
Immediate	Pneumonia	How long	

Accident or Suicide?

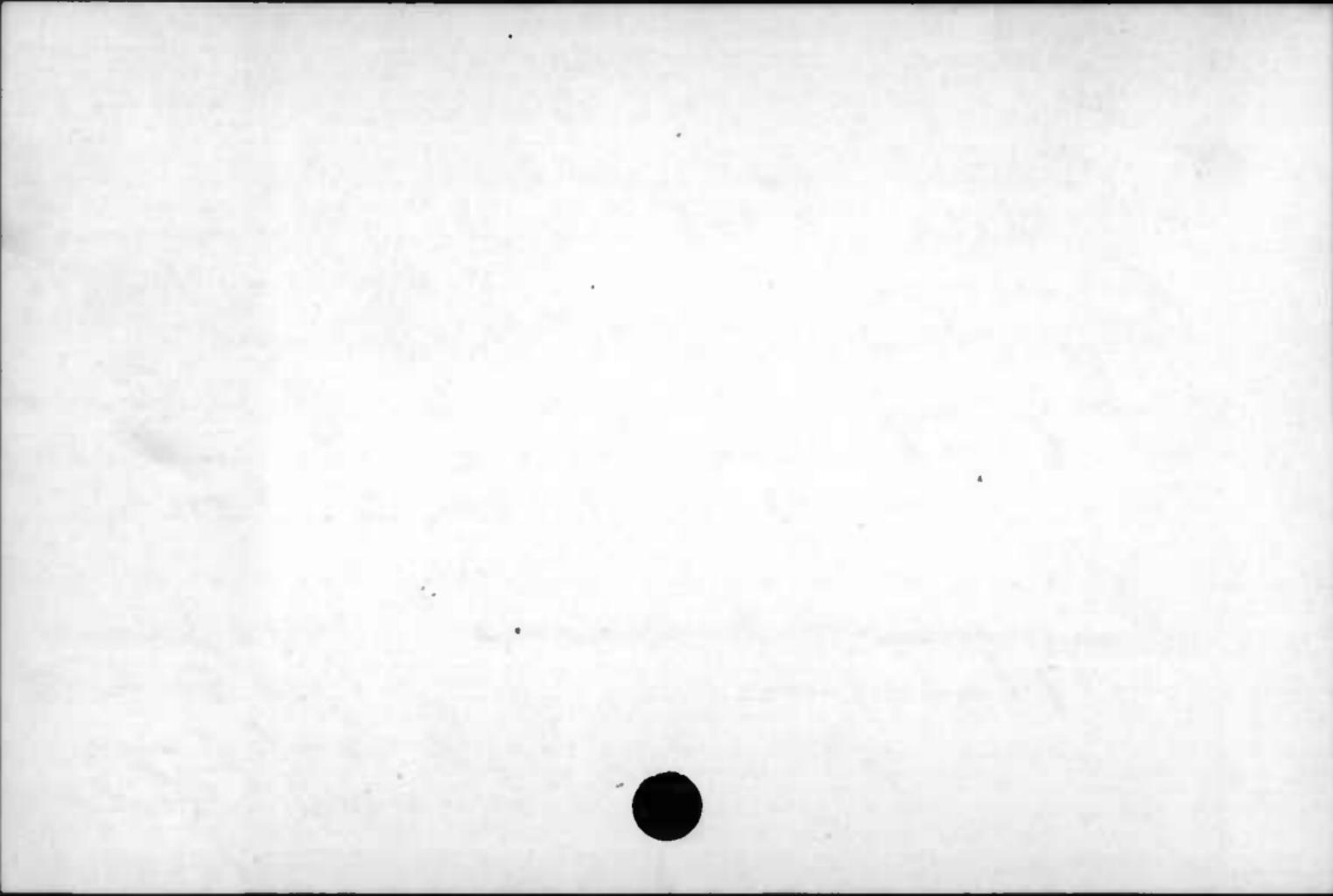
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Howard R. Hopkins,  
Baltimore,  
Md.



Name  
in  
Full

Mrs Lanna M. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County			
Died at Church Hill Queen Anne	MARYLAND			
Date of death 1907 Feb	Month Day	Years	Months	Days
7	15	46	11	04
Sex Female	Color or Race white	Birth-place Queen Anne Co.		
Occupation Housewife	Where Residing if not at place of death At place of death			
Married, Single or Widowed Married	Name of Wife or Husband H. M. Anderson			
Father's Name John Primrose	Father's Birthplace G. C. 2nd			
Mother's Maiden Name Catherine Brice	Mother's Birthplace Lump C. 3rd			
Name of person giving Information James H. Anderson	How related to deceased none			

CAUSES OF DEATH

37

How long

How long

Primary Pulmonary Tuberculosis Two years  
Immediate Emphysema One month

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

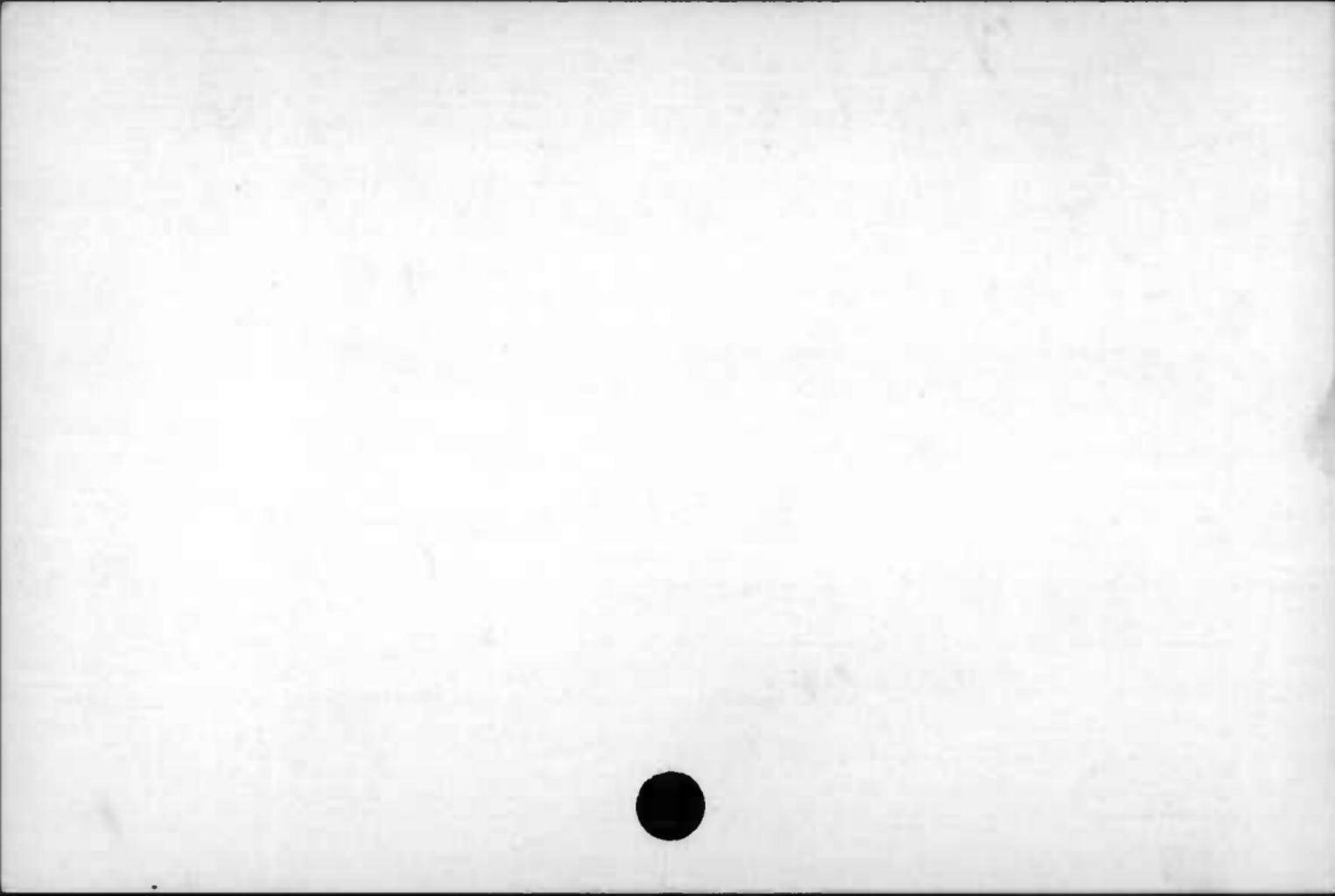
Yes

Signature of Physician

Address

J. G. Cappoge  
Church Hill  
Md.

Accident or Suicide?



Name  
in  
Full

Sudie Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Centreville		County	MARYLAND	
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place	16 3	
Married, Single or Widowed	Occupation		Black		
Name of Wife or Husband					
Father's Name	Emory Anderson		Father's Birthplace	Mrd	
Mother's Maiden Name	Mary Anderson		Mother's Birthplace	Mrd	
Name of person giving Information	Mother		How related to deceased	( )	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Grippe 10

How long

2 wks

Immediate

Pneumonia

How long

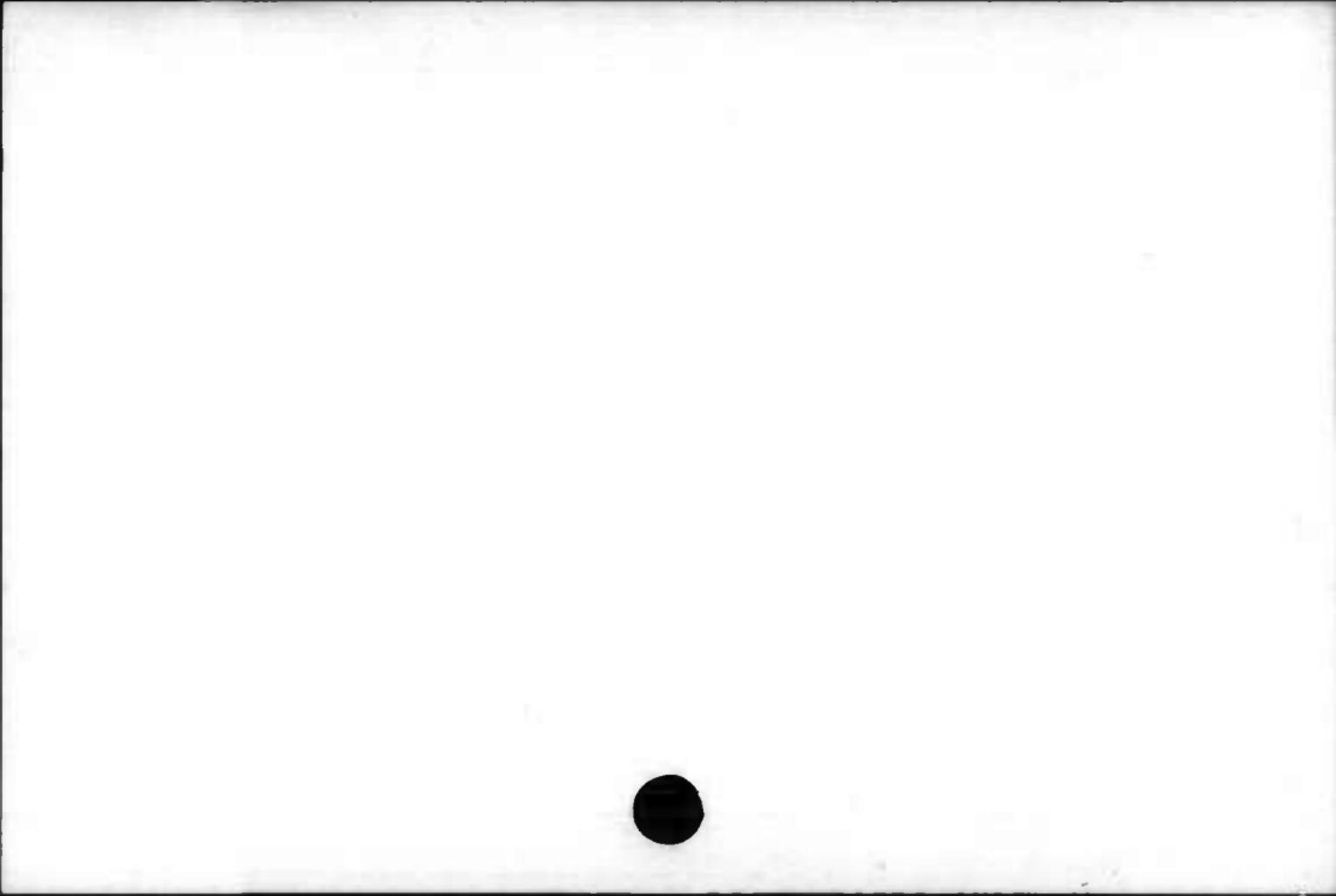
1 wks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Sewall M Brocker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Year	Age	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	✓				
Mother's Maiden Name	✓				
Name of person giving information	✓				

1907 Sept 12 86-7 Queen Anne Co

Male Colored Queen Anne Co

Laborer

Widower

Perry Brocker

Unknown

Sewall Brocker

Dever, Anne S

Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Severe Pneumonia

Immediate Ex Haemoptysis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

93

How long

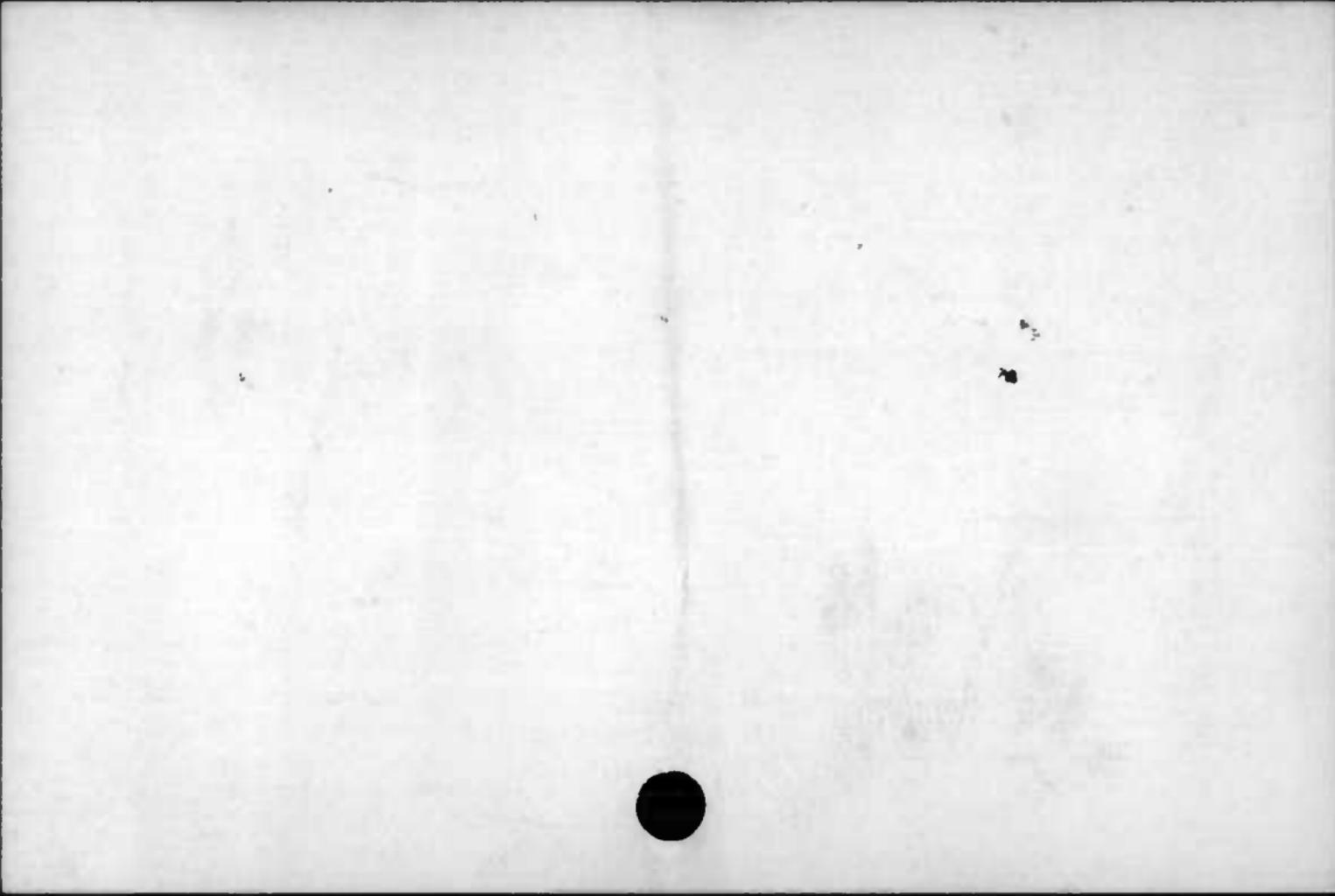
2 weeks

How long

2 hours

H. S. Dudley MD  
Church Hill  
Maryland

Accident or Suicide?



Name  
in  
Full

David W. Brocoa

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

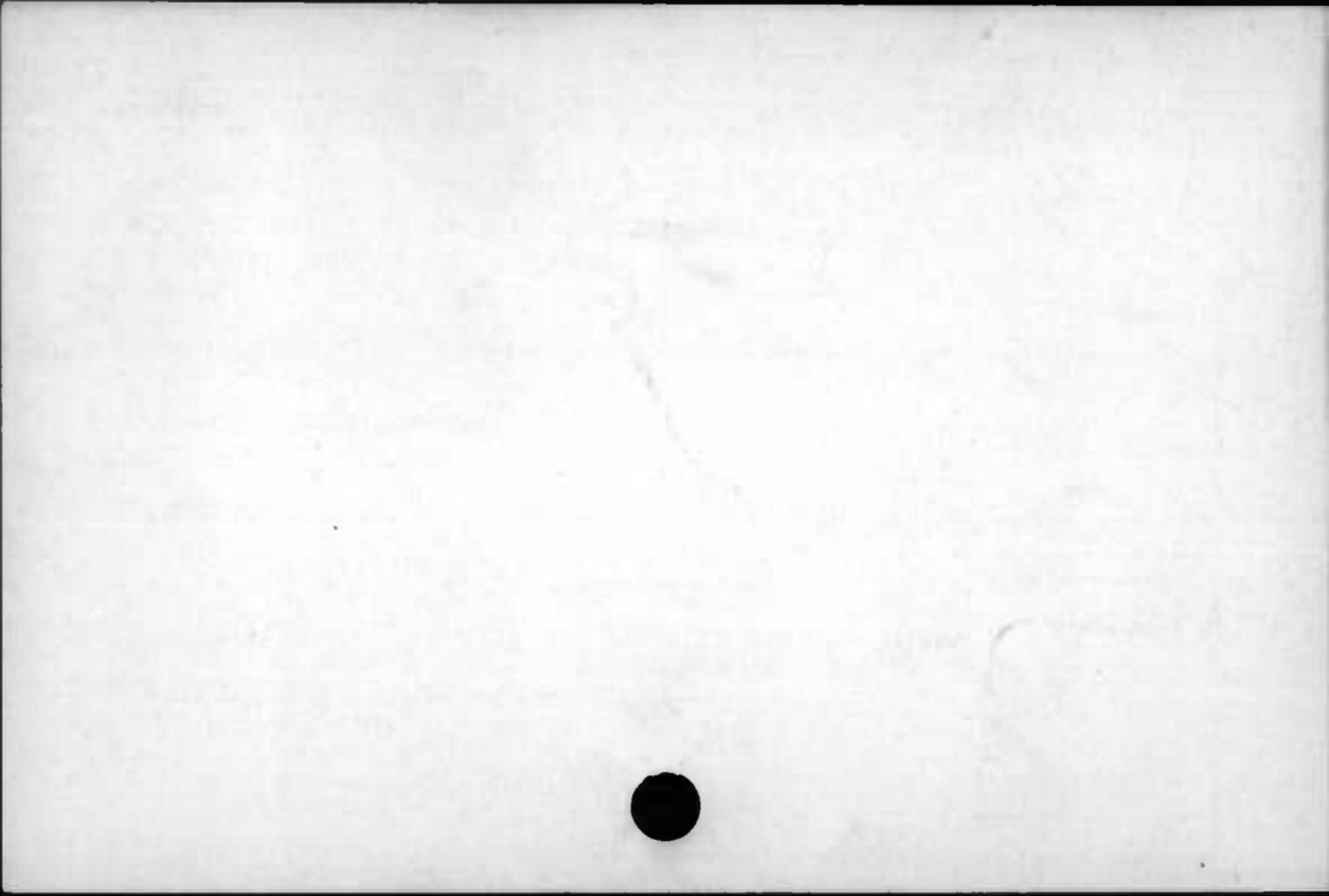
Died at	Town	Church Hill	County	Luna	State	MARYLAND
Date of death	Month	Day	Age	Years	Months	Days
1907	Feb	27				10.
Sex	Male	Color or Race	Colored		Birth-place	Church Hill
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Chas Brocoa					
Mother's Maiden Name	Old Goldsboro					
Name of person giving information	Chas Brocoa					
Father's Birthplace	Morgnload					
Mother's Birthplace	Luna					
How related to deceased	Father					

CAUSES OF DEATH

415-1

PHYSICIAN  
OR CORONER

Primary	Lufaafila Tabuas		How long	2 days
Immediate	Naphyxia		How long	1 hr
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	N. J. Dudley	
		Address	Church Hill Luna	
Accident or Suicide?	Luna			



Name  
in  
Full

Elizabeth A. Celayovic

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at near Elwyn

Town Elwyn County D a a

MARYLAND

Date of death 1907 Month 2 Day 1 Years 69 Months  Days

Sex Female Color or Race Black Birth-place D a G

Occupation reclined Where Residing if not at place of death near Guy's

Married or Widowed  Name of Wife or Husband —

dead

Father's Name Unknown

Father's Birthplace

Mother's Maiden Name Unknown

Mother's Birthplace

Name of person giving Information Geo Heath

How related to deceased Son

CAUSES OF DEATH

Primary

Hemoptysis

66

How long

Several weeks

Immediate

None

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

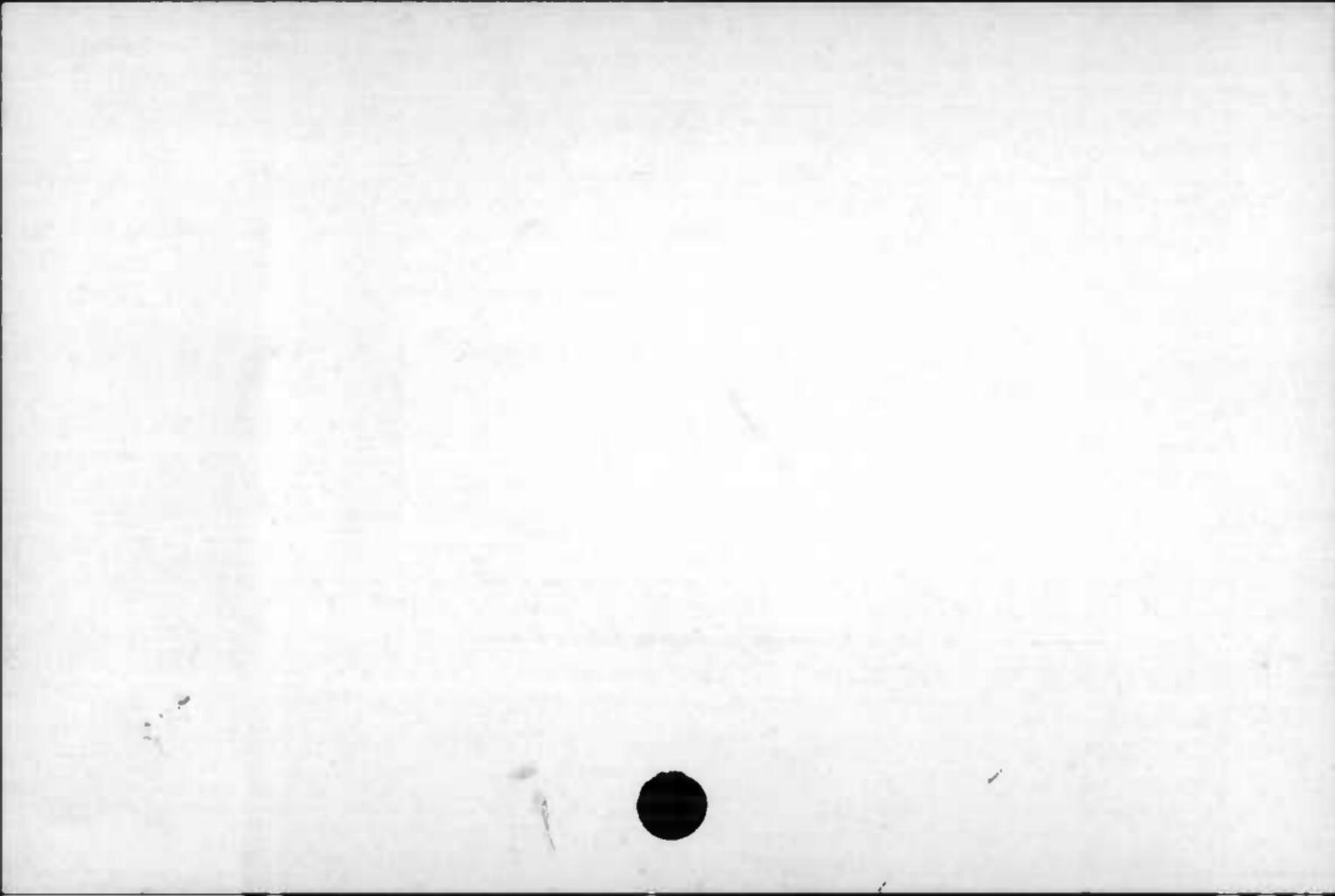
Address

Howard R. Hopkins

Genesee Twp  
MD.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Child

Town

Die at near Barclay

Collister

County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Date of death 1907 Month 2 Day 17

Age Years

Months 2 Days hours

Sex Females

Color or Race

Black

Birth-place

Queen Anne Co

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

George A Collister

Father's Birthplace

Mother's Maiden Name

Emily Smith

Mother's Birthplace

Name of person giving  
Information

George A Collister

How related  
to deceased

Father

CAUSES OF DEATH

151

How long

Primary

Pneumonia

How long

2 hours

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

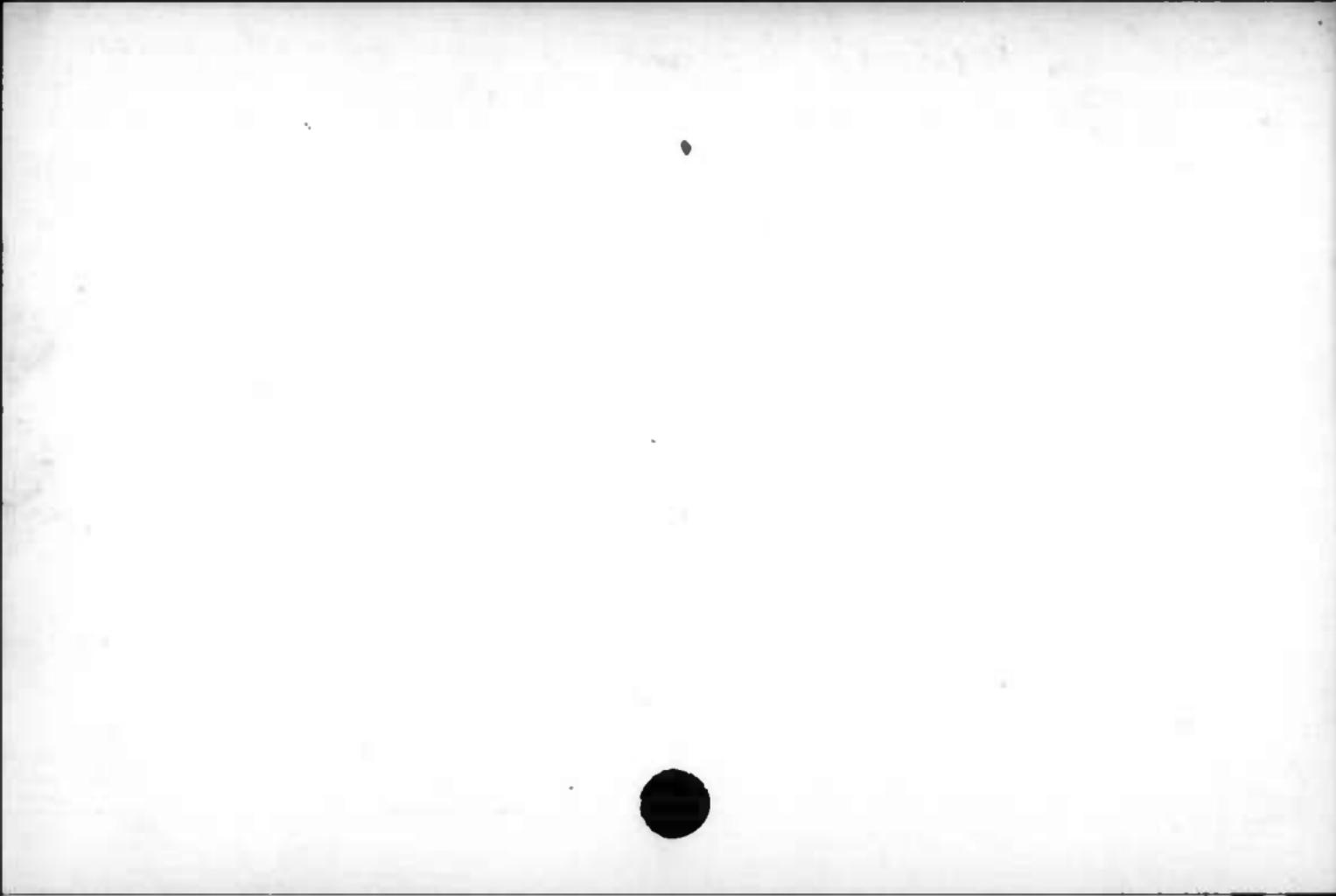
Signature of  
Physician

Address

R H Phillips Sub. Reg.  
Barclay  
bed

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

John Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town		County		MARYLAND	
Date of death	1907	Month	Feb	Day	4	Years	21
Age		Color or Race	Negro	Birth-place		Months	—
Sex	male	Occupation	Labourer	Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace			
Father's Name	don't know		Mother's Birthplace				
Mother's Maiden Name	don't know		How related				
Name of person giving Information	Wm Lester		none				
CAUSES OF DEATH							
Primary	Bright's disease of kidney. one year						
Immediate	—						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				Dr A. H. Holloway Address Cedars Mills Md			
Accident or Suicide?							



Name  
in  
Full

James Deedow.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Centreville	Town	County	MARYLAND		
Date of death	1907	Month Feb.	Day 13	Years 62	Months 11	Days -
Sex	male	Color or Race	negro	Birth-place	Queen Anne Co.	
Occupation	Labover	Where Residing if not at place of death				
Married, S or Widowed	1	Name of Wife or Husband	Mary Elizabeth Deedow			
Father's Name	John Deedow	Father's Birthplace Queen Anne County				
Mother's Maiden Name	Caroline Broadway	Mother's Birthplace				
Name of person giving Information	Mary Elizabeth Deedow	How related to deceased				

CAUSES OF DEATH

179

How long

Don't know

PHYSICIAN  
OR CORONER

Primary General Debility

Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

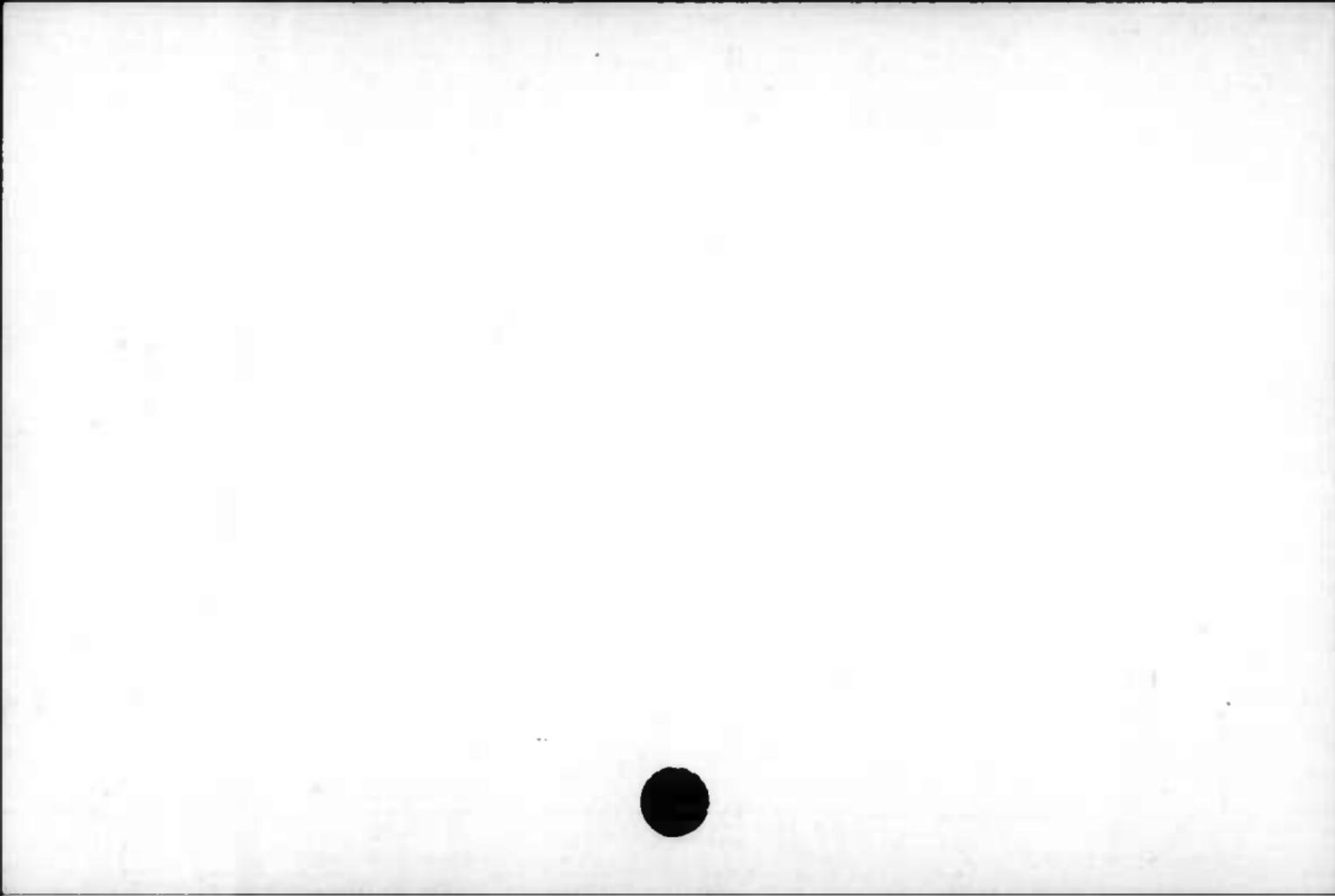
E. F. Smith M.D.

Centreville

Md.

Accident or Suicide?

Neither



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John. Deslacy

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at		Perry Neck	2 a				
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Male	Color Race	White	Age	74		
Occupation	Farmer		Where Residing if not at place of death		Iceland		
Married, Single or Widowed	Widower		Name of Wife		Perry Neck		
Father's Name	W. Deslacy				Iceland		
Mother's Maiden Name	Unknown				Unknown		
Name of person giving Information	W. Deslacy				Son		

CAUSES OF DEATH

93

How long

How long

PHYSICIAN  
OR CORONER

Primary

Lobar Pneumonia

One week

Immediate

Heart failure at series

Are the name, age, sex, color, date,  
and place correctly given above?

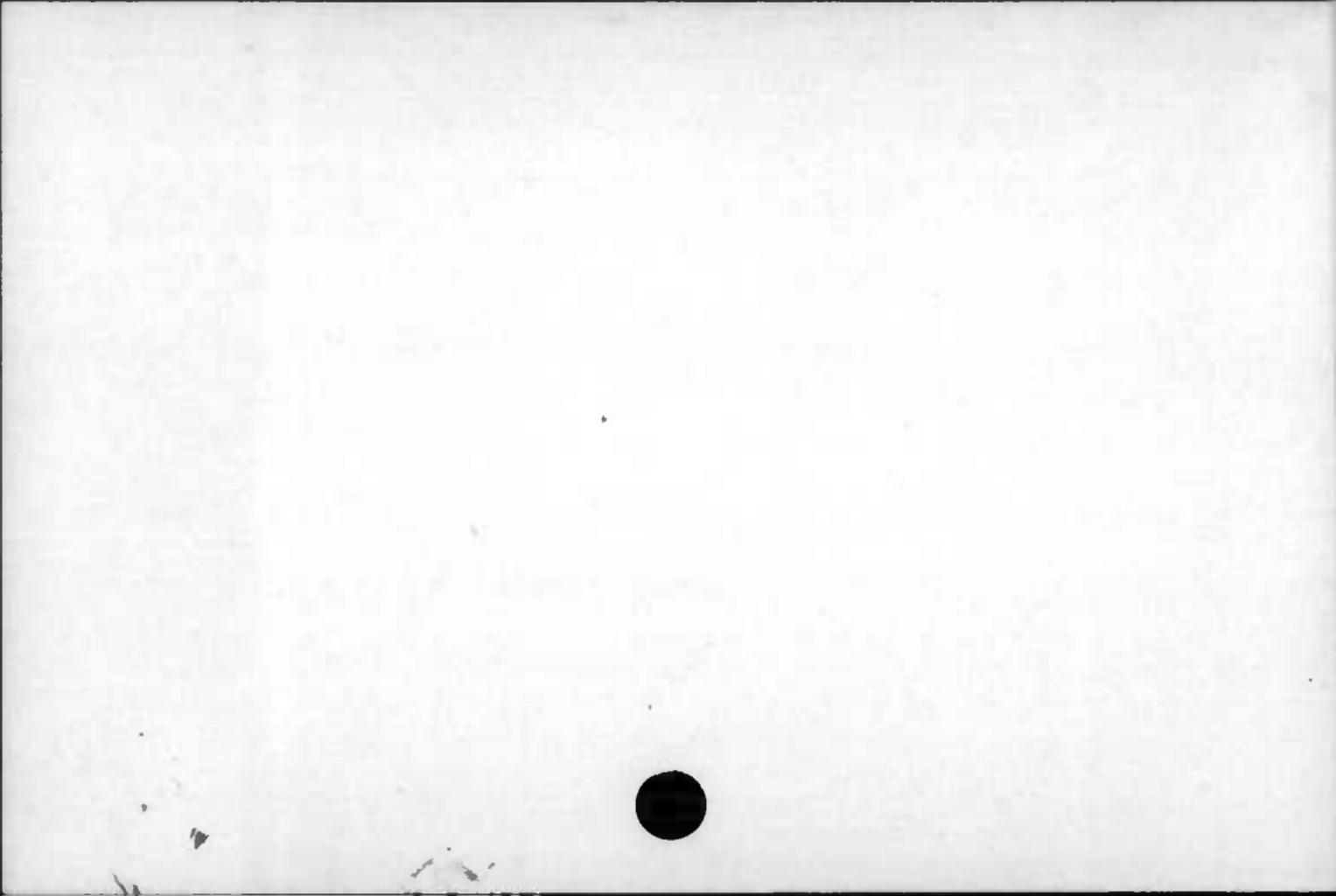
yes

Signature of  
Physician

Address

Howard B. Hopkins  
Crematorium,  
Md.

Accident or Suicide?



Name  
in  
Full

Mary Boulke Emmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	76	8	2
Occupation	Where Residing if not at place of death	Blanchard Emmons			
Married, Single or Widowed	Name of Wife or Husband	Blanchard Emmons			
Father's Name	Ed G. Boulke	Father's Birthplace	2 a 6d		
Mother's Maiden Name	Mary Cox	Mother's Birthplace	10		
Name of person giving Information	Mary Davidson	How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Influenza

10

How long

Any muk

Immediate

General debility / heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

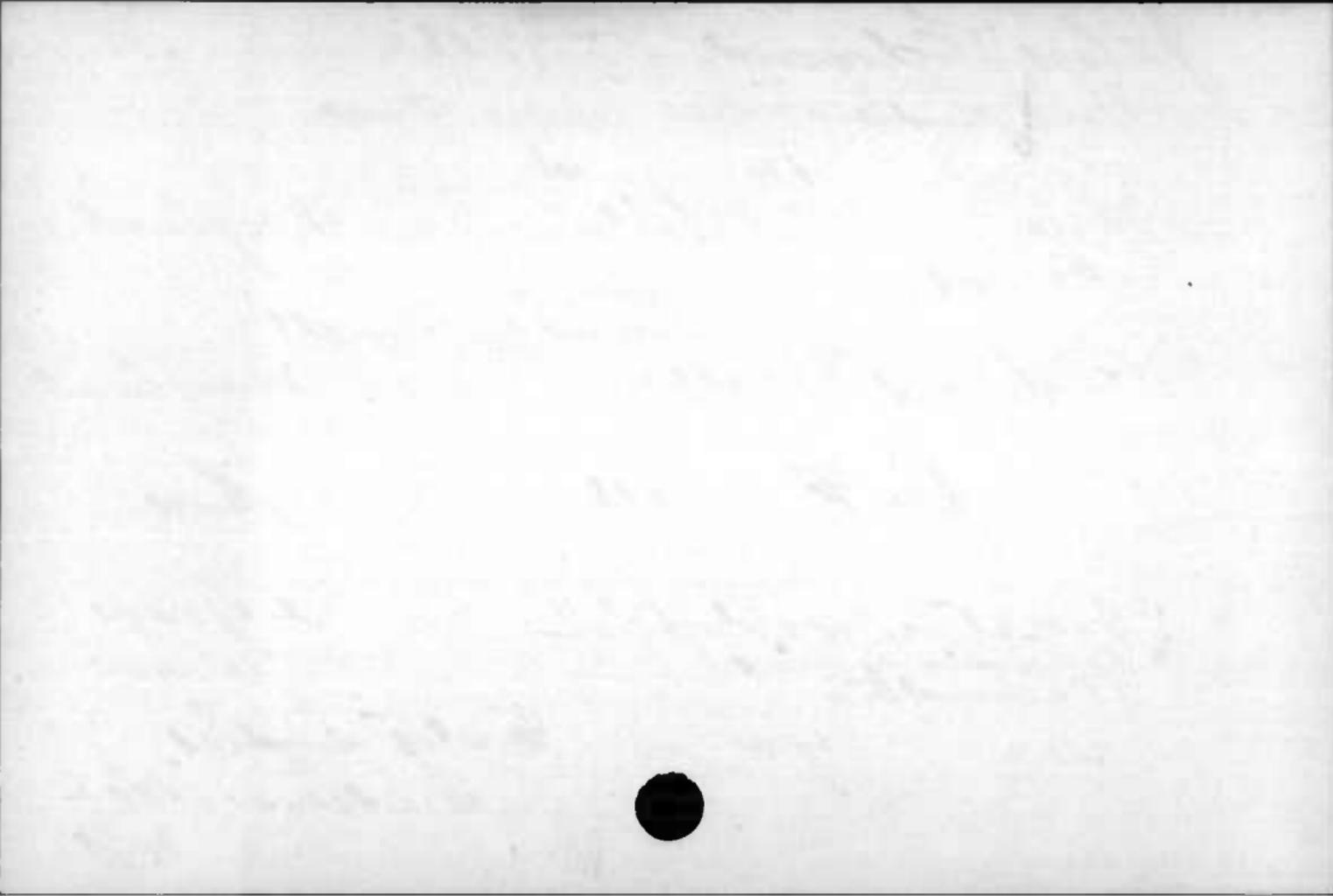
Address

Howard R. Hopkins,

Greenbrier,

MD.

Accident or Suicide?



Name

in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Edward Everett -  
Died at <sup>Town</sup> May Sudlersville <sup>County</sup> Anne Arundel

## CERTIFICATE OF DEATH

MARYLAND

Date of death 1907	Month 2	Day 12	Age 61	Years	Months	Days
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Sex Male	Color or Race White	Birth-place Maryland
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Occupation Farmer	Where Residing if not at place of death
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Married, Single or Widowed	Name of Wife or Husband
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Father's Name Edward Everett -	Father's Birthplace Maryland
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Mother's Maiden Name
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Name of person giving information
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Daughter -	Mother's Birthplace
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Primary Gall stone and Atriofibrillation	How long 2 years
Immediate calcosis of Liver	How long 6 mos.

Are the name, age, sex, color, date and place correctly given above?
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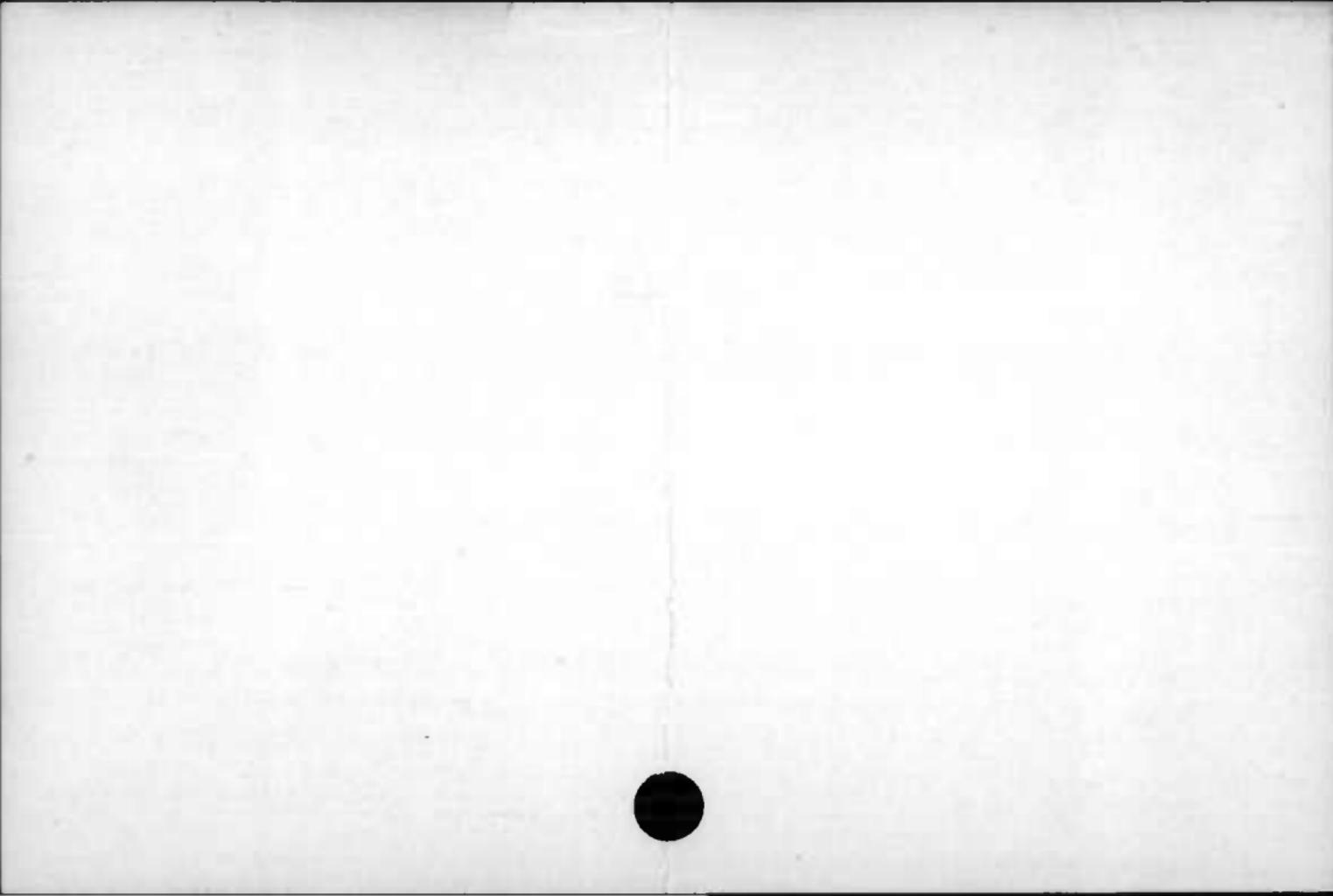
yes
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Signature of Physician
------------------------

Address
---------

Footes Sudlers  
Sudlersville  
Md

Accident or Suicide?



Name  
in  
Full

Annie Frazier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND			
Date of death	1907	Month July	Day 6	Age 16	Years	Months Days	
Sex	Female	Color or Race	Colored	Birth-place	Decatur Co. Md		
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	B. Frank Frazier					Father's Birthplace	Q. C. Lured
Mother's Maiden Name	Harrietta Pitchison					Mother's Birthplace	Q. C. Lured
Name of person giving Information	B. F. Frazier					How related to deceased	Father

CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary

Measles

How long

Immediate

Progressive Paralysis & Paraplegia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

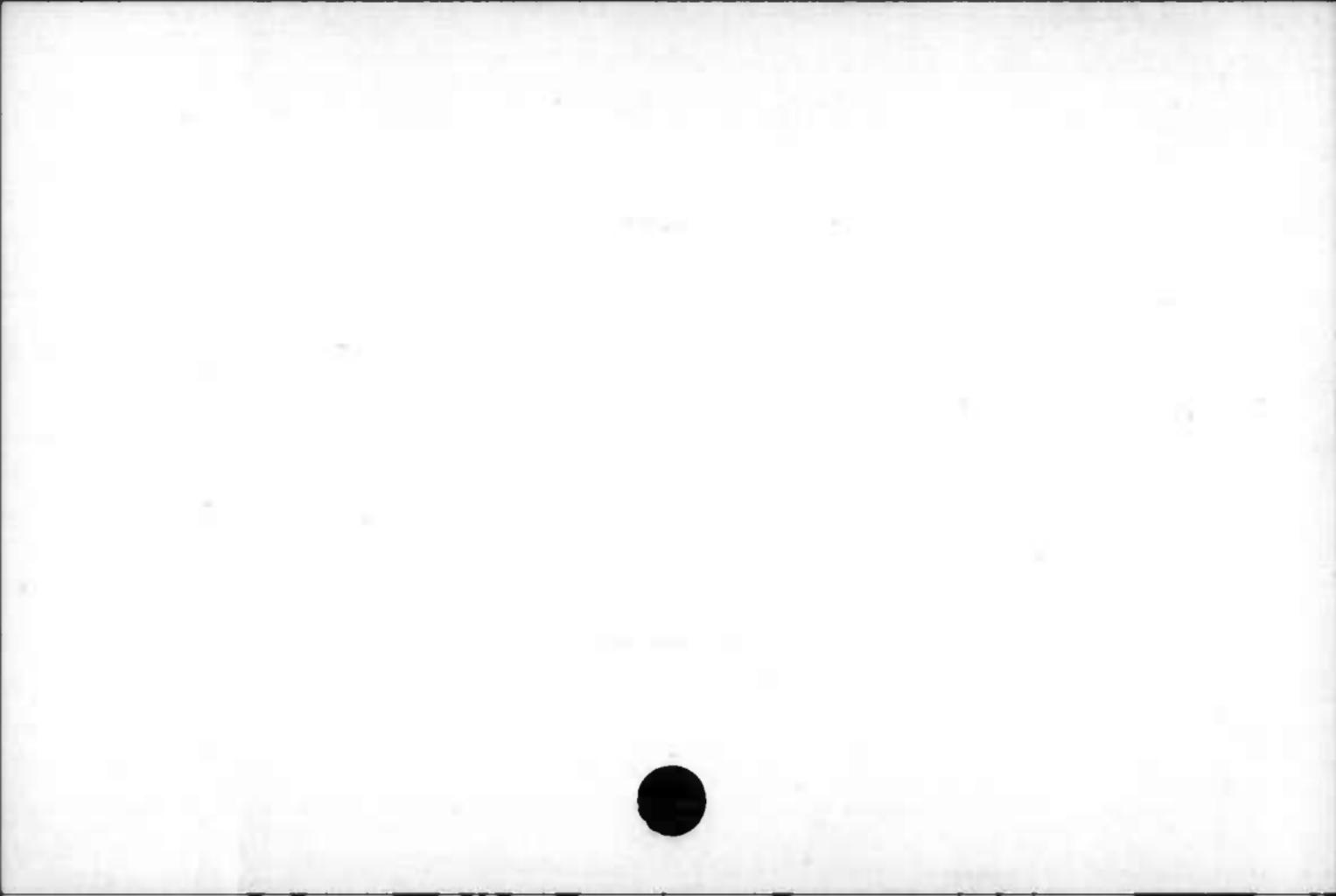
Signature of Physician

John Henry

Address

Stevensville, Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Phillip Frazier		Town	County	MARYLAND		
Died at	Near Burnsville		Zuun Anne			
Date of death	Month	Day	Years	Months	Days	
1907	2	10	34			
Sex	Male	Color or Race	Negro.			
Occupation	Barber		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Benj Frazier		Father's Birthplace	2A. Co		
Mother's Maiden Name	Lidia Thomas		Mother's Birthplace	2A. Co		
Name of person giving Information	Phillip Frazier		How related to deceased	Uncle		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Consumption  
Exhaustion

How long

8 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

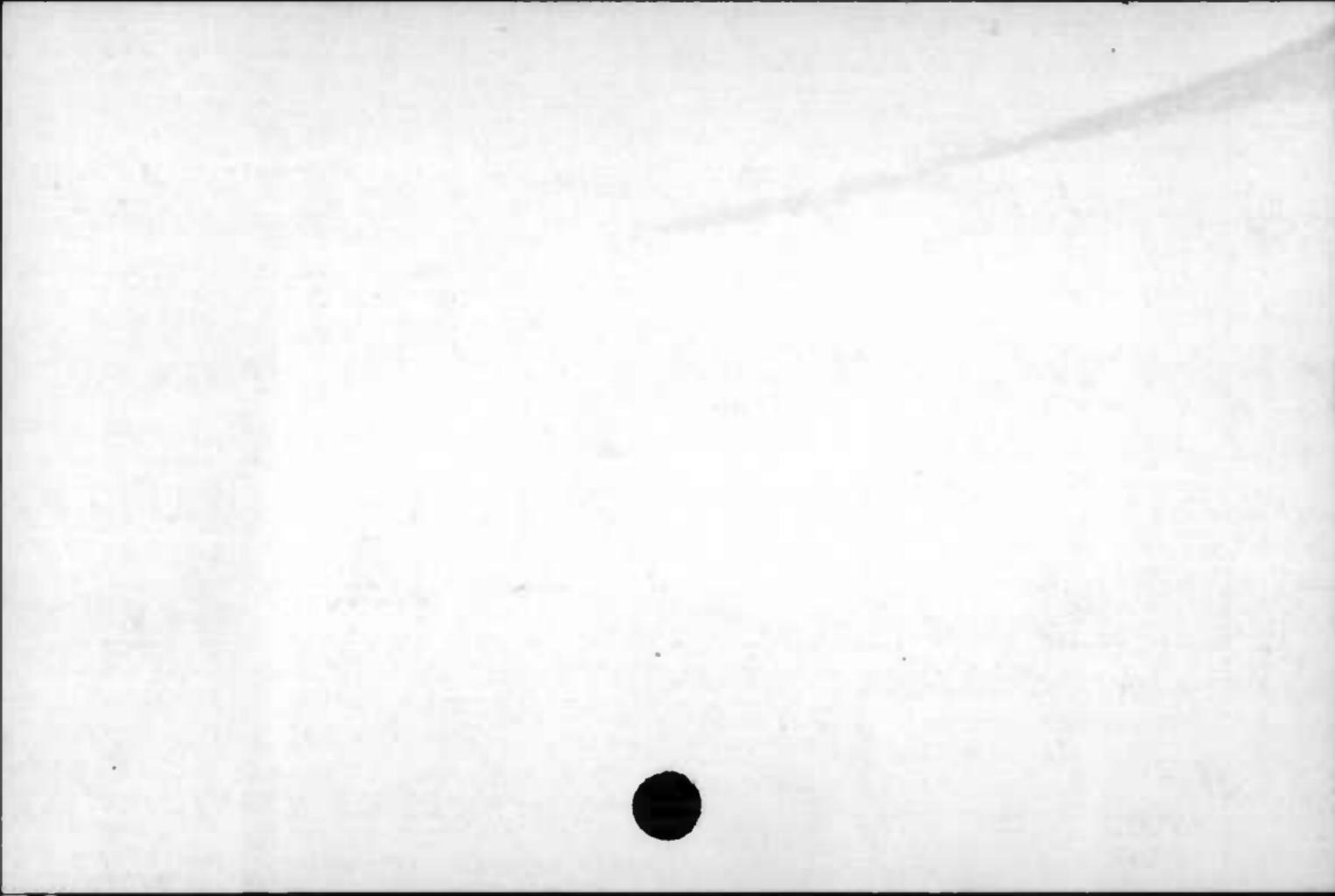
Signature of Physician

Address

Montgomery  
County  
Md

Had consulted physician  
four months ago.

Accident or Suicide?



Name  
in  
Full

S Agusta Goldsborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Joseph n Goldsboro.			
Father's Name	Tbos. Cook				
Mother's Maiden Name	Sarah Murphy				
Name of person giving information	Family Record				

CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary

Organic heart disease

How long

How long

Immediate

Gradual exhaustion

Several months

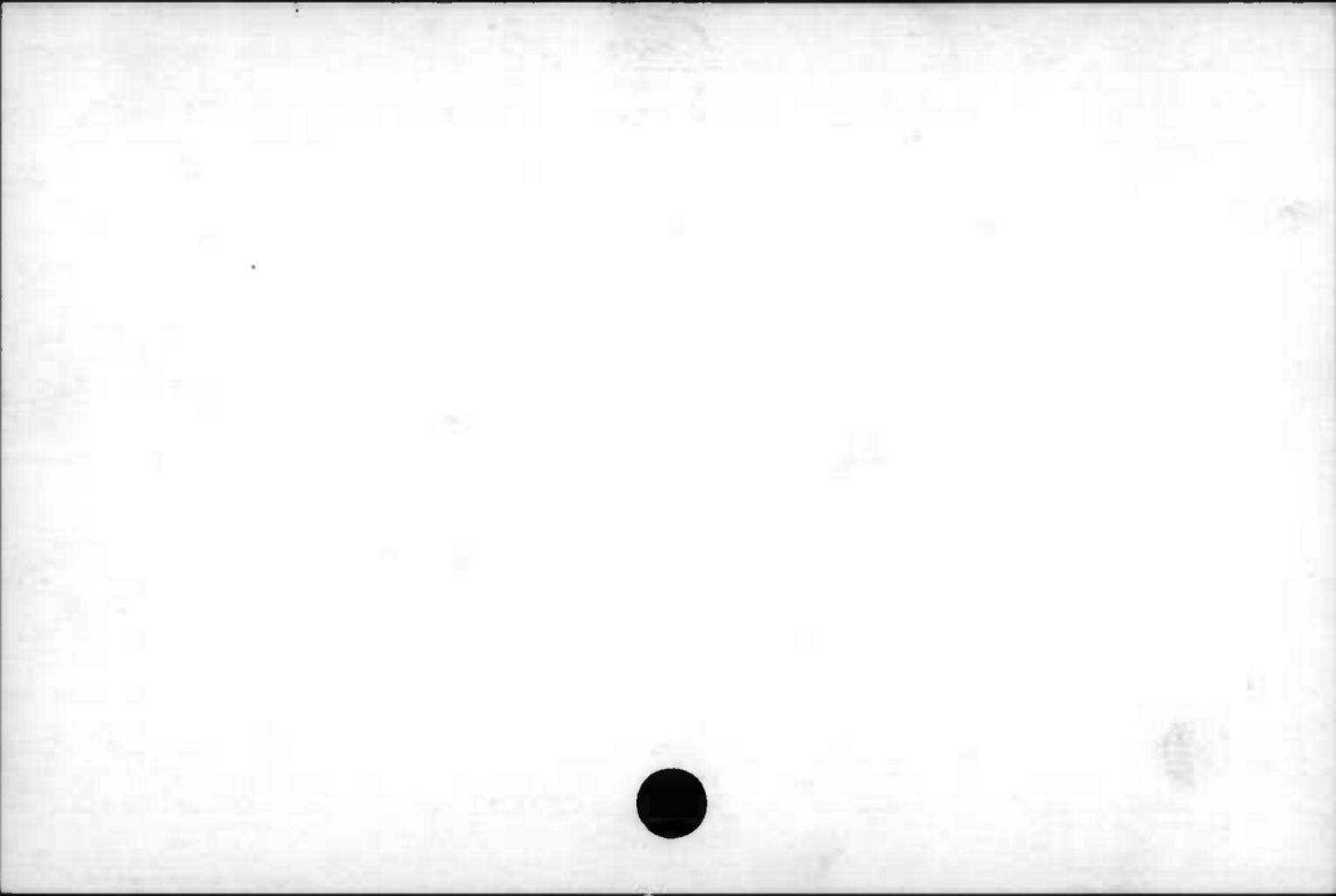
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Ass. Dr. J. D. Goldsborough M.D.  
Centreville Md.



TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month 2	Day 17	Years —	Months 2	Days 15
Sex	Female	Color or Race	Colored	Birth-place	29, Leonard	
Occupation	—	Where Residing if not at place of death				—
Married, Single or Widowed	Singer	Name of Wife or Husband				—
Father's Name	J. Dudley	Father's Birthplace				Wed
Mother's Maiden Name	Essie Fisby	Mother's Birthplace				2nd
Name of person giving information	J. Dudley	How related to deceased				Father

## CAUSES OF DEATH

Primary

malnutrition

151

How long

2 mo

Immediate

Exhaustion

How long

.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

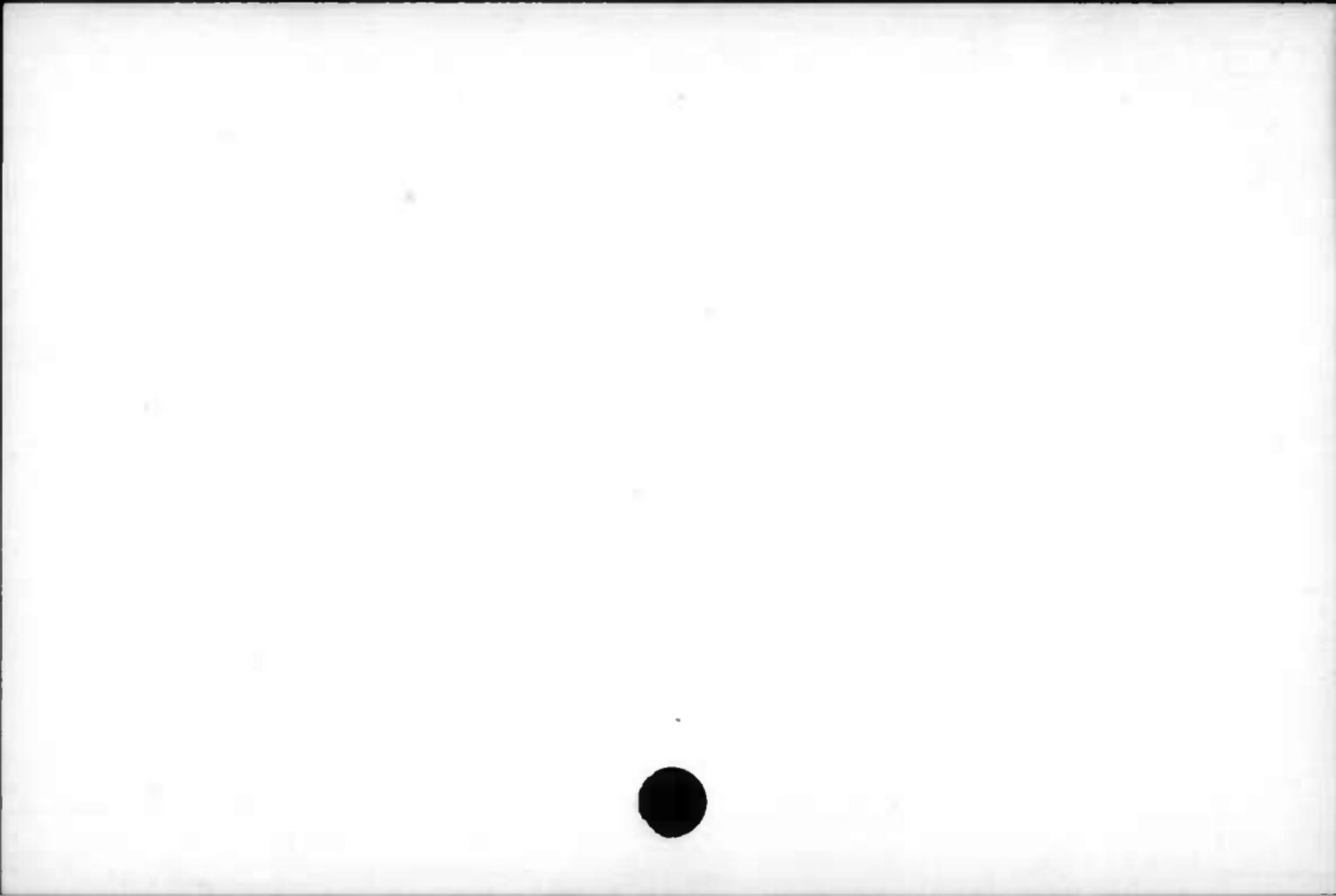
Signature of Physician

Address

Ms Dudley, M.D.  
Churusville

Accident or Suicide?

no



Name  
in  
Full

Bessie L. Hilyard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	29	
Occupation	Where Residing if not at place of death -			
Married, Single or Widowed	Name of Wife or Husband	William Hilyard		
Father's Name	Charles E. Kimbrell			
Mother's Maiden Name	Gussie Pratt			
Name of person giving Information	William Hilyard			

27

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis Six months

long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

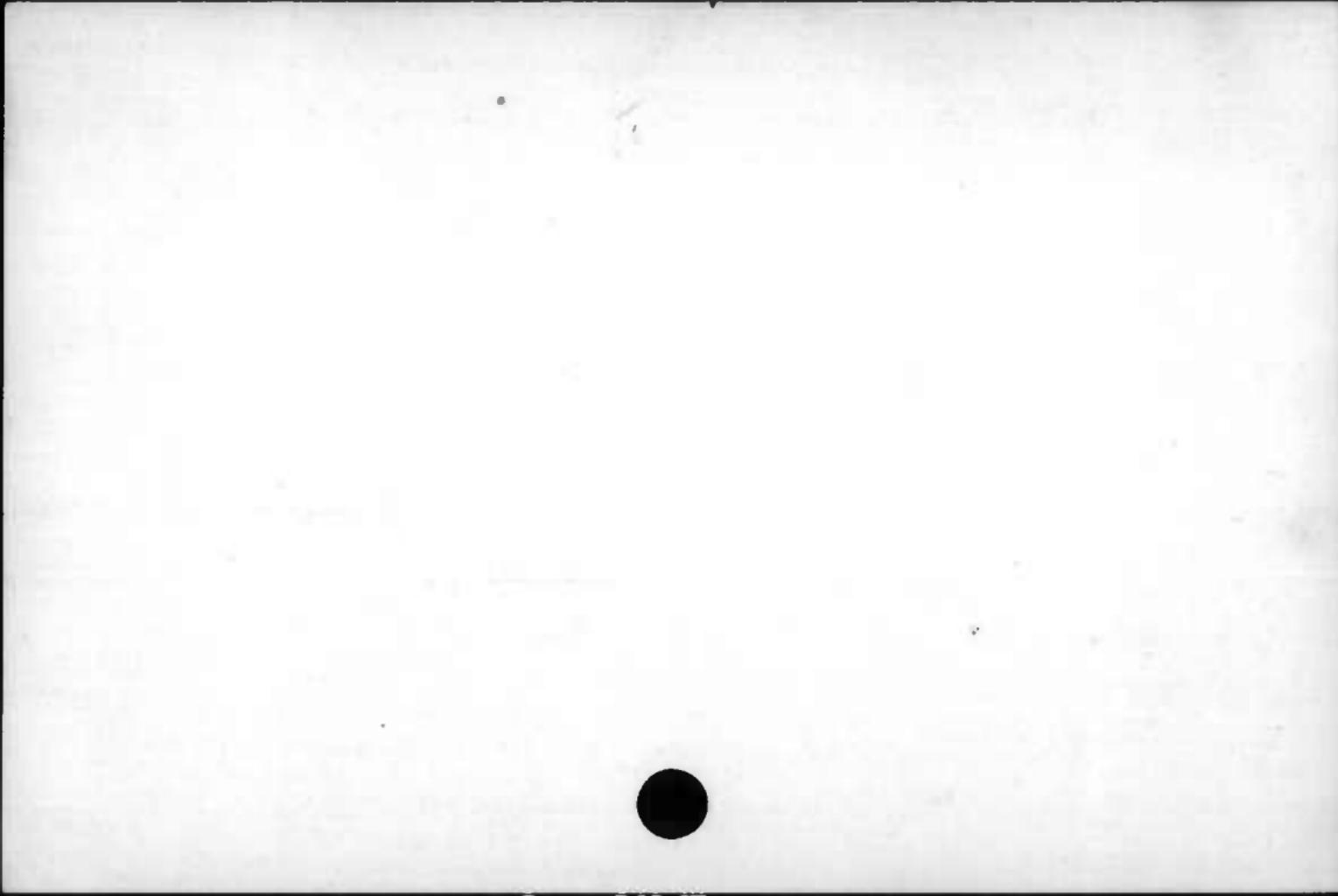
yes

Signature of Physician

Address

J. P. Smith  
Unemployed

Accident or Suicide?



Name  
in  
Full

Child Johnson

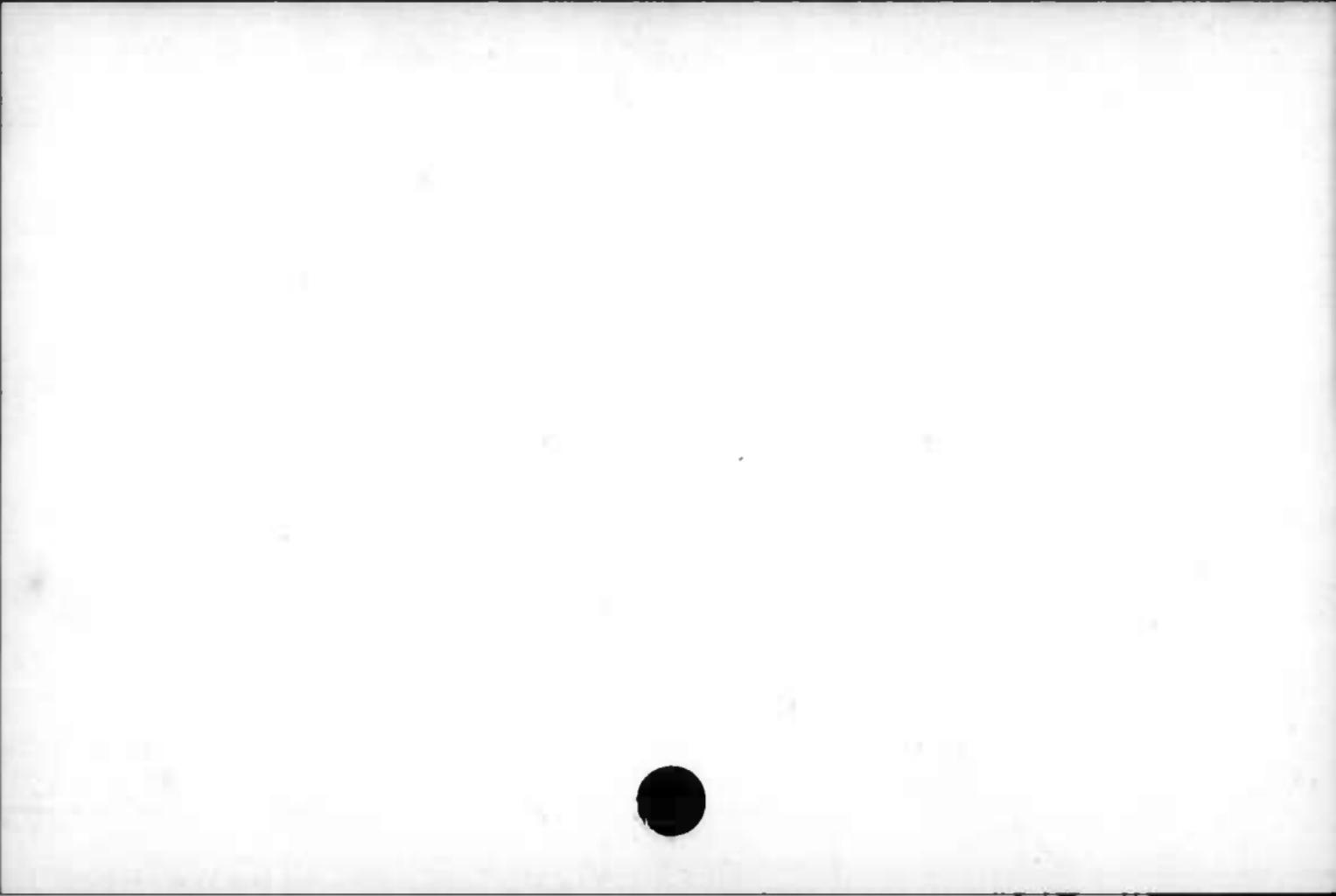
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Near Barclay		Queen Anne				
Date of death	1907	Month 2	Day 19	Years	Months	Days
Sex	Female	Color or Race	Blacks	Age	Birth-place	Queen Anne Co
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Nathan Johnson		Father's Birthplace			Md
Mother's Maiden Name	Maggie Johnson		Mother's Birthplace			Md
Name of person giving Information	Ellen Johnson		How related to deceased			Grand brother

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cause 9	How long
	Immediate		7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?		R H Phillips sub. Reg. Barclay	



Name  
in  
Full

Elizabeth, Lass,

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 2	Day 9	Years 81	Months	Days	
Sex	Femal	Color or Race	White	Birth-place			
Occupation	Relie - widow		Where Residing if not et place of death	near Queenstown			
Married, Single or Widowed	widow		Name of Wife or Husband	Howard Lane			
Father's Name	Luis Lass		Father's Birthplace	see Luis Lass			
Mother's Maiden Name	" "		Mother's Birthplace	see			
Name of person giving information	Mrs. Lass.		How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Influenza ⑩ One week

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

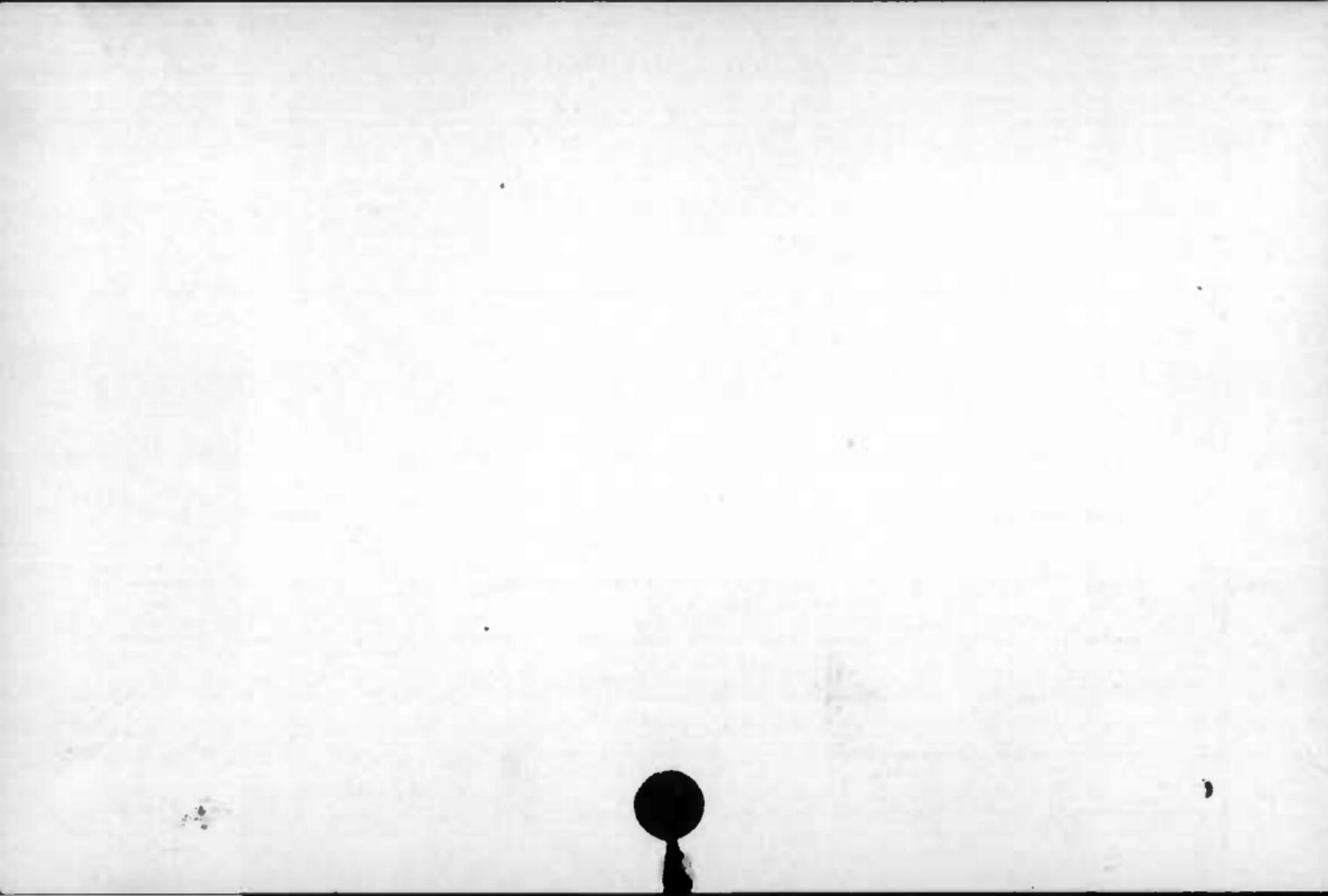
yes

Signature of Physician

Address

Howard B. Hopkins,  
Queenstown,  
Md.

Accident or Suicide?



Name  
in  
Full

Charlotte Ann Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Died at Stevensville	Queen Anne			
Date of death 1907	Month 2	Day 5	Years About 95	Months
Sex Female	Color or Race Colored	Birth-place 246 1/2 Ind.		
Occupation House	Where Residing if not at place of death			
Married, Single or Widowed widow	Name of Wife or Husband Harry Nicholson			
Father's Name Jack Cawsey	Father's Birthplace 246 Ind			
Mother's Maiden Name Susan Strath	Mother's Birthplace 246 looked			
Name of person giving Information Elijah Turner	How related to deceased Son			

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

General Debility

How long

2 or 3 days

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

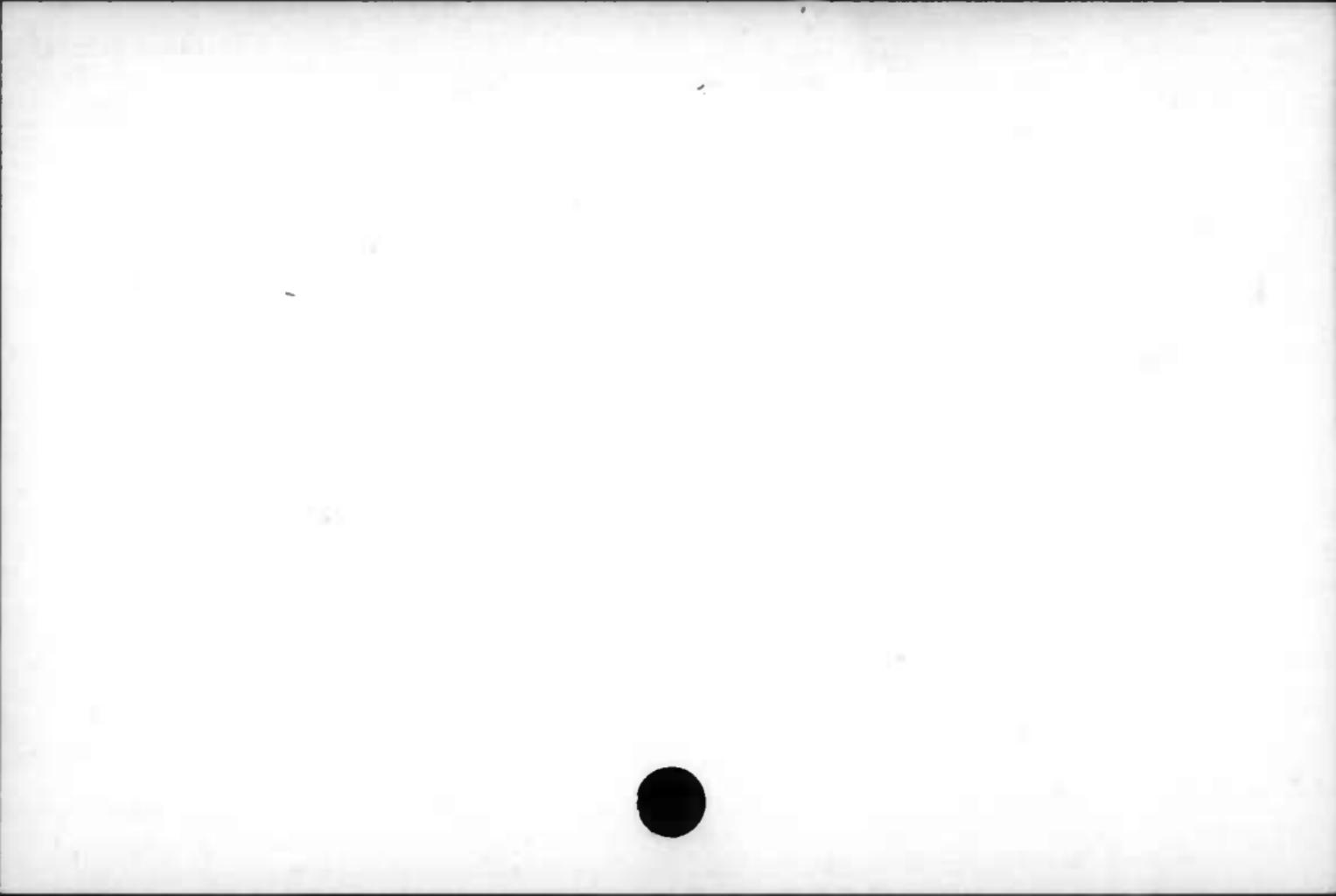
Signature of Physician

Address

Wm. Harry  
Stevensville  
Md

Accident or Suicide?

2nd



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

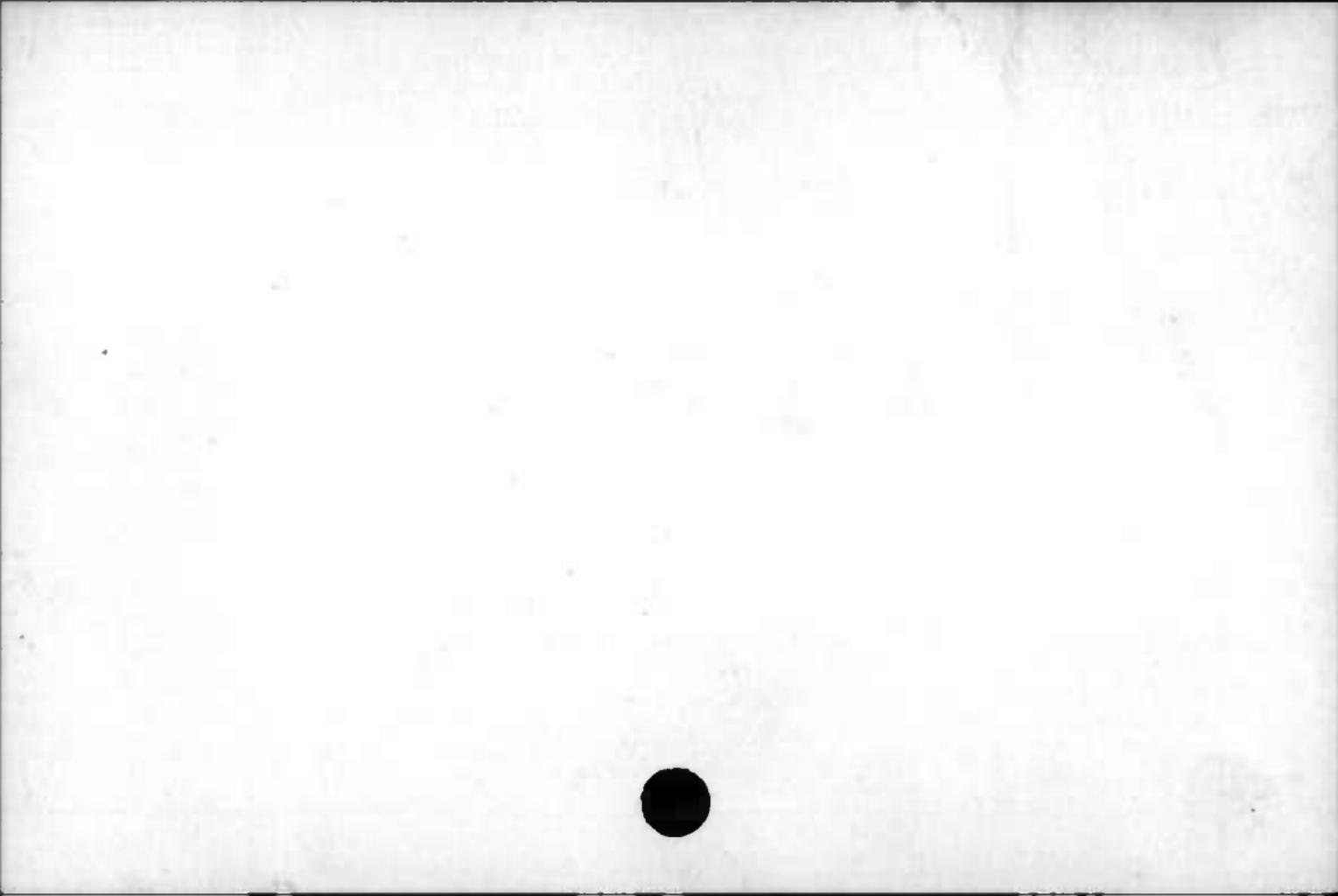
Died at <u>Ingleside</u> Town		County <u>J. A.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>18</u>	Years <u>3</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Id.</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Charles Price</u>		Father's Birthplace <u>Id.</u>			
Mother's Maiden Name <u>Katie Brown</u>		Mother's Birthplace <u>Id.</u>			
Name of person giving information <u>Katie Brown</u>		How related to deceased <u>Brother</u>			
CAUSES OF DEATH					
Primary	<u>Pneumonia</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px; display: inline-block;">93</span>			How long <u>About a week</u>	
Immediate				How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
In  
Full

lechild Russum

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Feb	Day 27	Years	Months	Days 2
Sex	Male	Color or Race	white	Birth-place	Near Inglside	
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Gayton Russum			Father's Birthplace	Queen Annes Co.	
Mother's Maiden Name	Sadie Rulison			Mother's Birthplace	Queen Annes Co. MD	
Name of person giving Information	Gayton Russum			How related to deceased	Father	

CAUSES OF DEATH

Primary

lecolic

(103)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

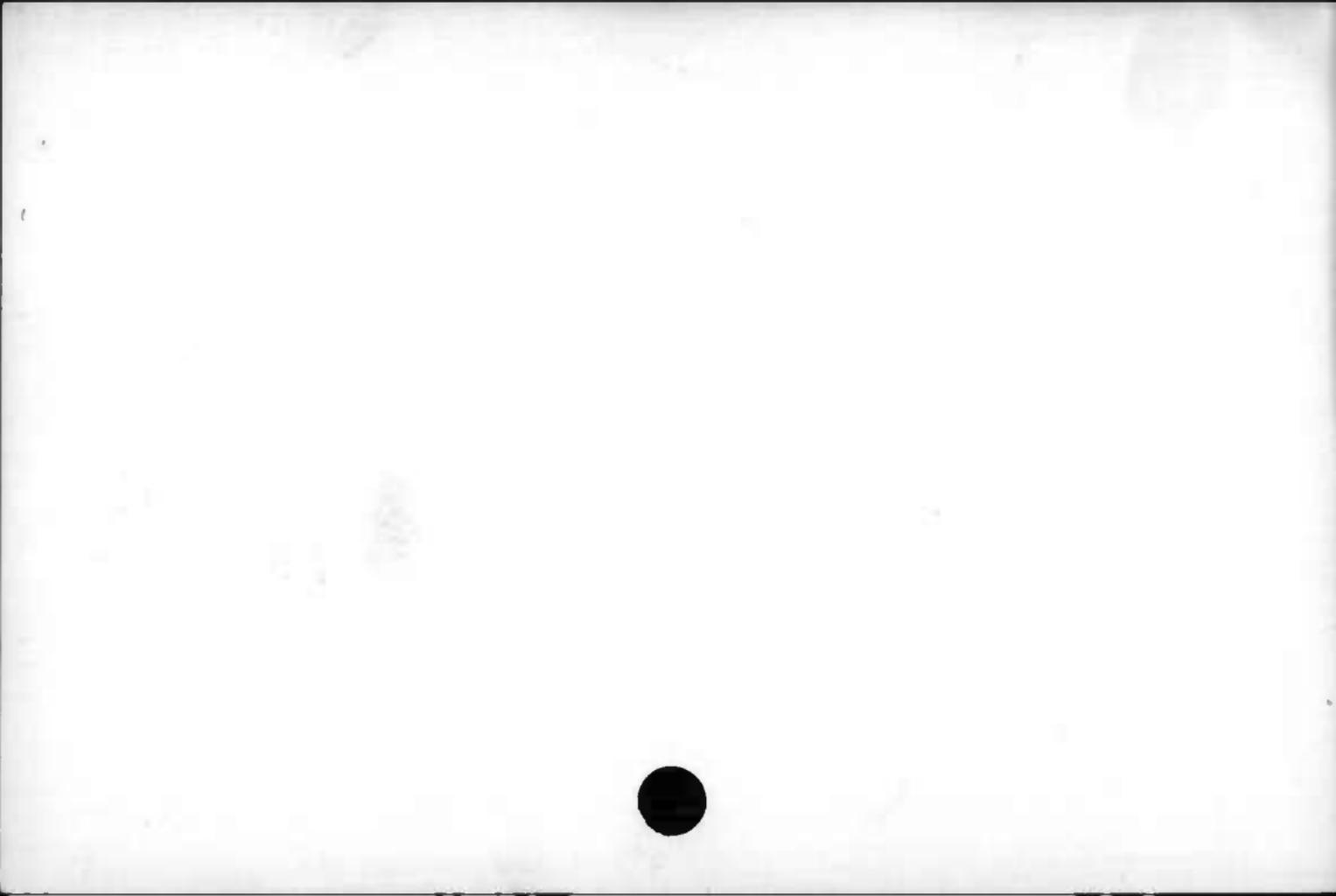
Signature of Physician

Address

R H Phillips Sub. Reg.  
Barclay bld

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Abraham Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months Days	
Sex	Male	Color or Race	White	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace			
Father's Name	Singh		Mother's Birthplace			
Mother's Maiden Name	unknown		How related to deceased			
Name of person giving information	B Frank Lewis					

PHYSICIAN  
OR CORONER

Primary

La Grippe  
Paralysia

CAUSES OF DEATH

10

How long

Out of

Immediate

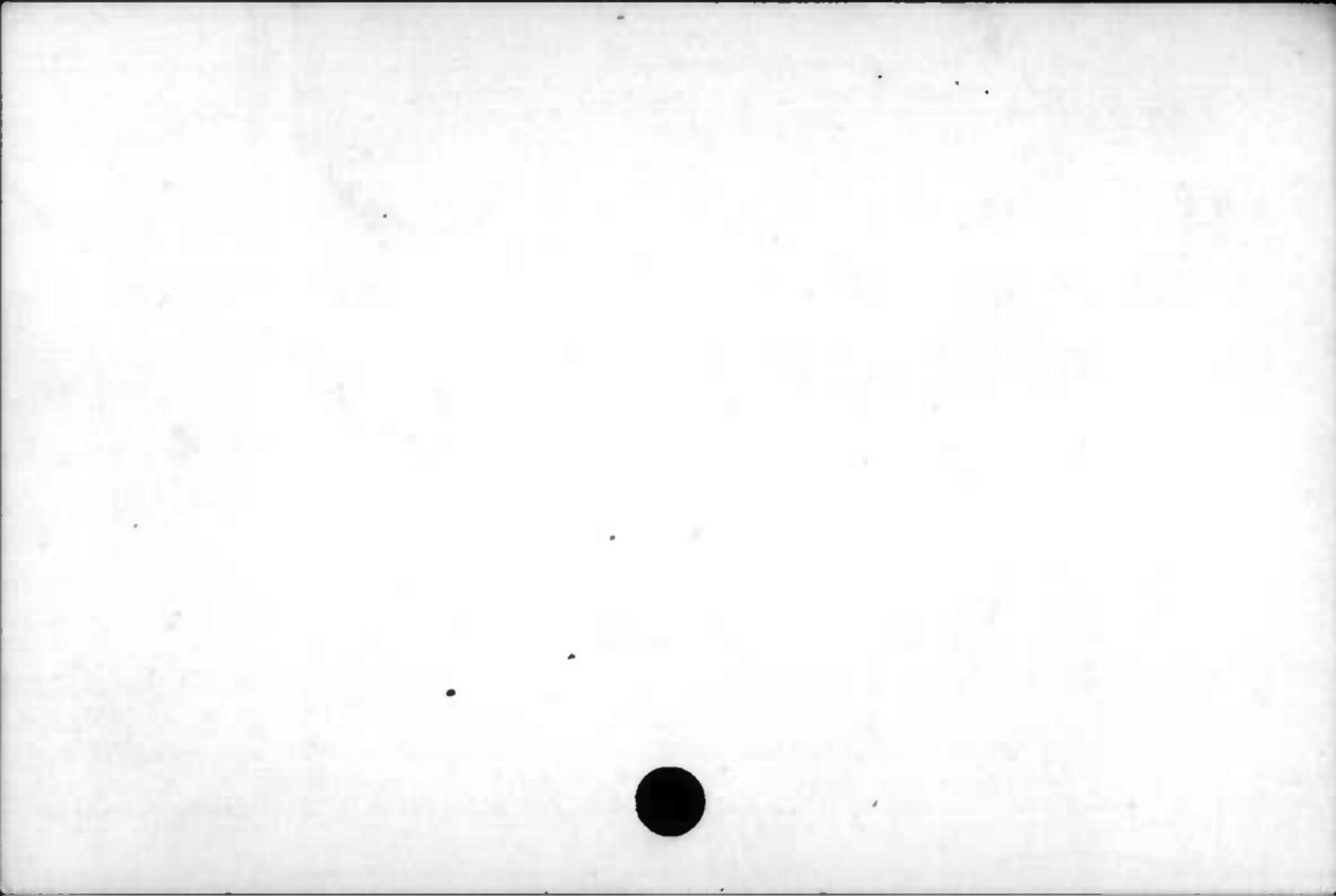
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. W. R. Benton  
Sherrillville

Accident or Suicide?



Name

in  
Full

Bertha Stanford

## CERTIFICATE OF DEATH

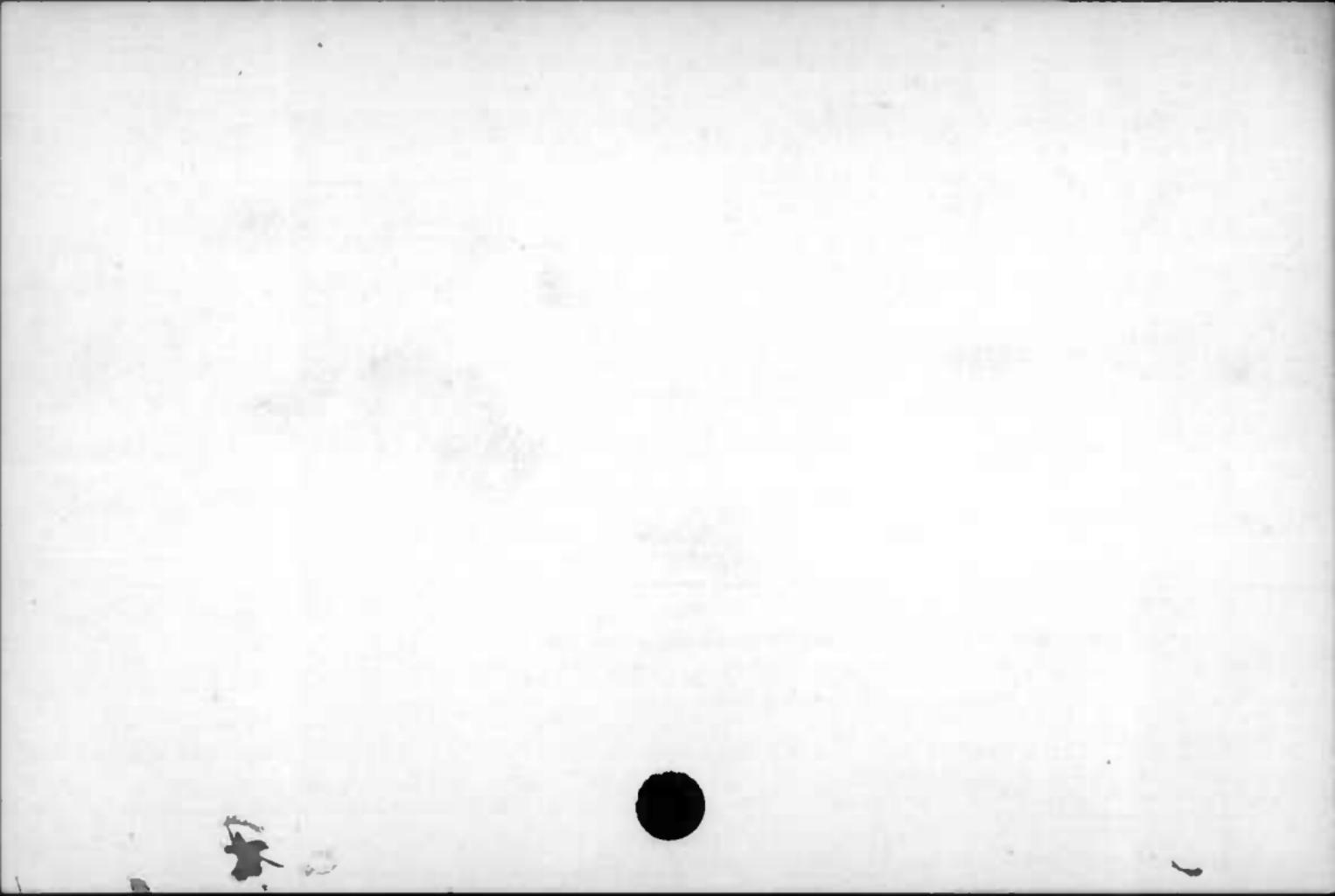
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died		town	County	MARYLAND		
Date of death	1907	Month Feb	Day 20	Age 18	Years	Months
Sex	Female	Color or Race	Black	Birth-place	D.A.C. Ind.	
Occupation	Housework			at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Gillian Stanford			
Father's Name	John Houston Downs			Father's Birthplace	D.A.C. Ind.	
Mother's Maiden Name	Elizabeth Starkey			Mother's Birthplace	D.A.C. Ind.	
Name of person giving information	John Houston Downs			How related to deceased	Father	

## CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	3 months
Immediate	Obstruction	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. G. Leopold
		Address	Church Hill Md
Accident or Suicide?			



Name  
in  
Full

— Stanford

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died <u>New Centreville</u>		County <u>Queen Anne's</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>6</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>R. A. C. Ind.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>At place of death</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		Father's Name <u>Gilliom Stanford</u>	Father's Birthplace <u>R. A. C. Ind.</u>	
Mother's Maiden Name <u>Bertha Downs</u>	Mother's Birthplace <u>R. A. C. Ind.</u>		How related to deceased <u>Brother</u>		
Name of person giving information <u>Houston Downs</u>					

CAUSES OF DEATH

Primary

Premature birth

151

How long

—

Immediate

starvation

How long

day

Are the name, age, sex, color, date and place correctly given above?

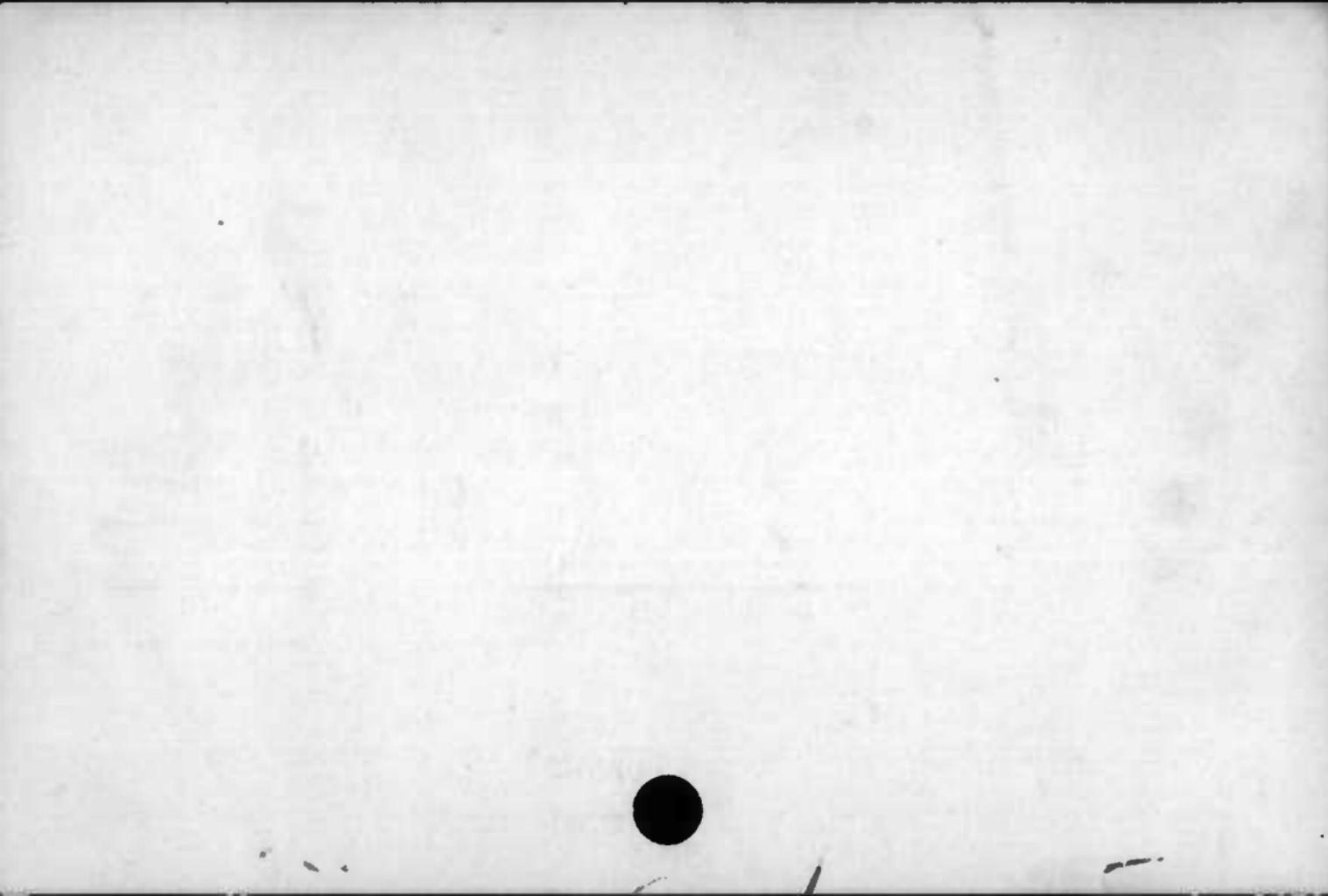
yes

Signature of Physician

Address

St. George  
Church Street  
Ind

Accident or Suicide?



Cas. E. Lohou Sr.

## CERTIFICATE OF DEATH

Died et		Town : St. Marys	County : Queen Anne's	MARYLAND	
Date of death	1907	Month Feb.	Day 18 <sup>th</sup>	Years 67	Months 4
Sex Male	Color or Race White	Days 4			
Occupation Farmer	Where Residing if not at place of death St. Marys				
Married, Single or Widowed	Name of Wife or Husband Emma G. Lohou				
Father's Name Benj. E. Lohou	Father's Birthplace Kent Island				
Mother's Maiden Name Dorothy Eareckson	Mother's Birthplace Kent Island				
Name of person giving information Cas. E. Lohou Jr.	How related to deceased Son				

## CAUSES OF DEATH

27

Primary

Tuberculosis &amp; enteritis

long

two yrs.

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

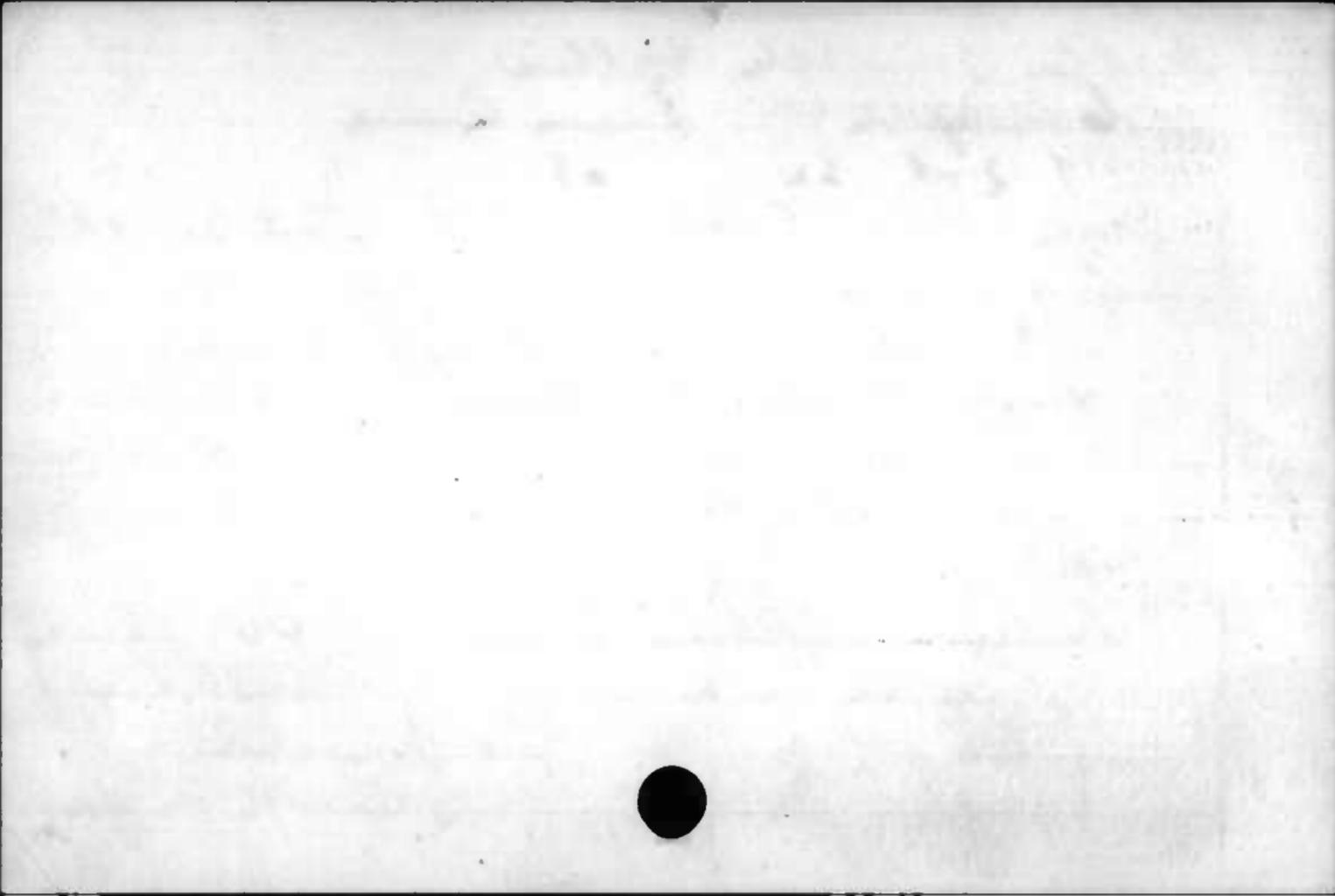
Yes

Signature of Physician

Address

Dr. R. Benton  
St. Marys

Accident or Suicide?



Name  
in  
Full

Walter Grancille Hallie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Baltimore Town Queen Anne County  
Date of death 1907 Month 2 Day 24 Age 68 Years  
Sex Male Color or Race White Birth-place Kent Co. Md  
Occupation Physician Where Residing if not  
at place of death  
Married, Single or Widowed Married Name of Wife or Husband Sarah L. V. Hallie  
Father's Name Hugh Maxwell Hallie Father's Birthplace Kent Co. Md  
Mother's Maiden Name Mary Straight Mother's Birthplace Kent Co. Md  
Name of person giving Information Walter Hallie How related to deceased Son.

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary tuberculosis

How long

35 years

Immediate

Pneumonia

How long

One day

Are the name, age, sex, color, date and place correctly given above?

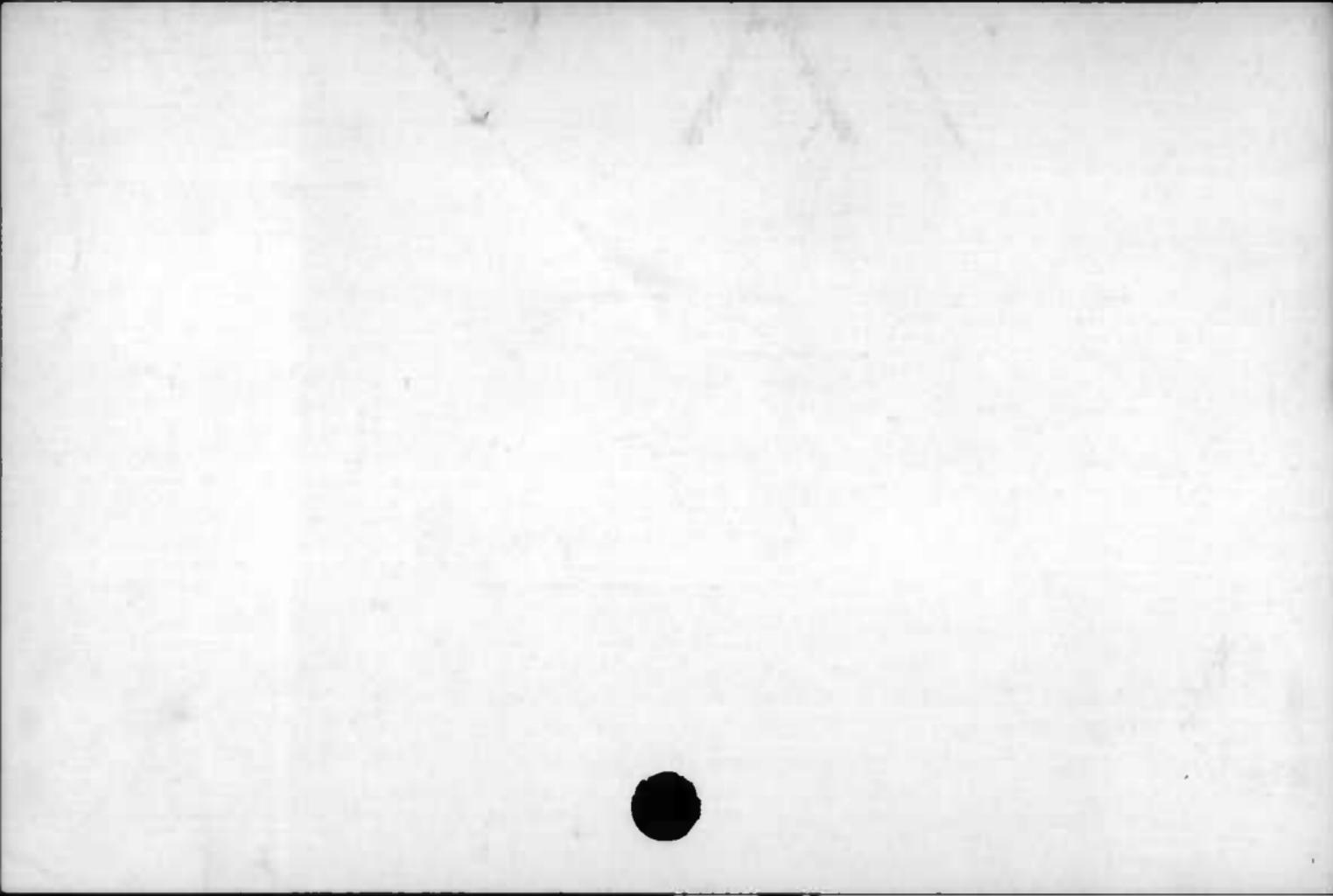
Yes

Signature of Physician

Address

Geo. G. Betson Jr. M.D.  
Baltimore, Md

Accident or Suicide?



Cedric, Wilson.

## CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND				
Date of death	1907	Month	Feby.	Day	21	Years	4	Months	9	Days
Sex	Male	Color or Race	Colored	Birth-place	Winchester					
Occupation			Where Residing if not at place of death	" "						
Married, Single or Widowed			Name of Wife or Husband							
Father's Name	Moses Wilson		Father's Birthplace	Queen Anne Co., Md.						
Mother's Maiden Name	Mary M. Hazelton		Mother's Birthplace	Queen Anne Co., Md.						
Name of person giving Information	Mary Wilson		How related to deceased	Mother						

## CAUSES OF DEATH

Primary	Cerebritis	(60)	How long	about 8 days	
Immediate	Cardiac failure		How long	Several hours	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Rowland H. Ford	
			Address	Queen Anne Co., Md.	
Accident or Suicide?					



Name  
in  
Full

Junior Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Winchester	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1907	Sept.	21	4		9	
Sex	male	Color or Race	Colored	Birth-place	Winchester, Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Moses Wilson					Father's Birthplace
Mother's Maiden Name	Mary M Hazelton					Mother's Birthplace
Name of person giving Information	Mary Wilson					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebritis		How long	about eight days
Immediate	Cardiac failure		How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Rowland B. Lord	
		Address	Queenstown, Md.	
Accident or Suicide?				

